Contributions by:

Mr Sampalli, Mr Veitch, Gill Hibberd Kate Zeineh, Jane Hawksworth, Viv Harper, Pam Russell, Claire Hunter, Pru Fry, Karen Grant, Jean Hunter and Jenny Furtado.

Thanks to 'Chartex' for the use of the drawings and diagrams.

Author: Katharine Wilcocks | Role: Physiotherapist
Date written: April 2007 | Last Revised: August 2018
Review date: Aug 2021 | Version: 5.0
Code: PI0283

If you need this information in another language or medium (audio, large print, etc) please contact the Customer Care Team on 0800 374208 email: customercare@salisbury.nhs.uk.

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ
www.salisbury.nhs.uk

Health & care information you can trust
The Information Standard Certified Member

information

Salisbury NHS
NHS Foundation Trust

Knee Replacement Surgery

Amesbury Ward
Tel: 01722 336262 ext. 3105

Salisbury NHS Foundation Trust
www.salisbury.nhs.uk

Contents

department and individual surgeons can be looked at on the National Joint Register website.

Space for your own notes:

Useful organisations

British Red Cross

01722 417738

www.redcross.org.uk

Age UK

Telephone: 01722 335425
Email: enquiries@ageuksd.org.uk

www.ageuk.org.uk

Wiltshire Farm Foods

0800 773 773

www.wiltshirefarmfoods.com

Salisbury Shopmobility

01722 3328068 or email shopmobility@wiltshire.gov.uk
www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/shopmobility.htm

Information about anaesthetics

For more information about anaesthetics see the Royal College of Anaesthetists website at:

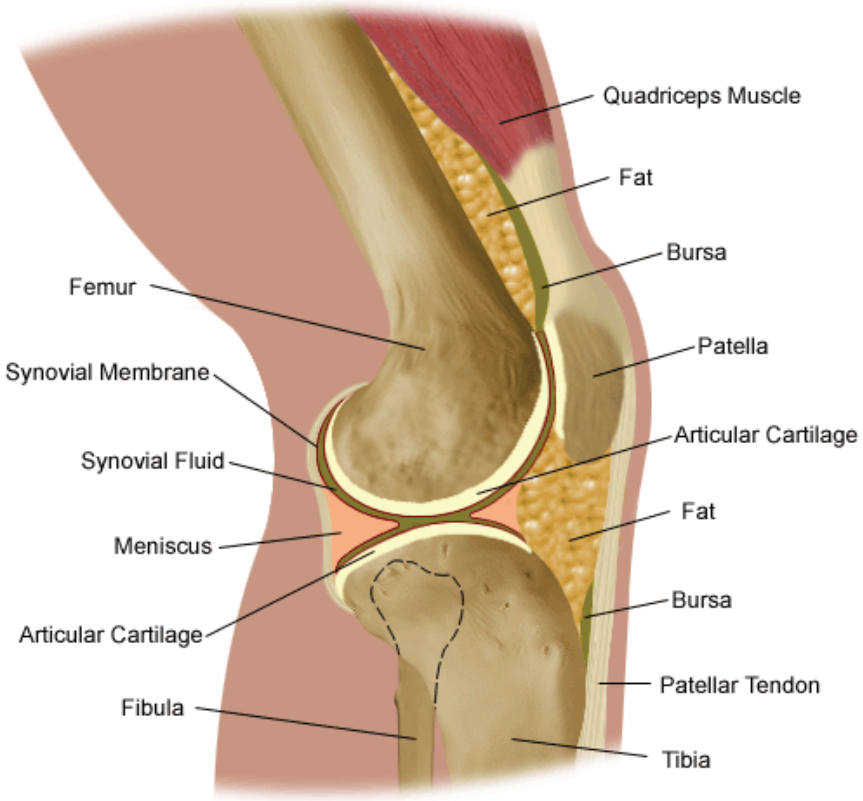
www.rcoa.ac.uk/patients-and-relatives

Information about joint replacement statistics

www.njrcentre.org.uk

The results of knee replacement procedures from the

Anatomy of the Knee



Conclusion

A knee replacement is a major operation and it will take several months before you feel ‘normal’ again. Allow plenty of time to do things gently.

Treat your new knee with respect for the first three months or so and it should serve you well in the years to come.

Remember that the operation was done to make you better than before by reducing your pain and improving your mobility in the long term.

Favourite activities

If your favourite sport or activity is not listed here and you are not sure whether it is safe, talk to your surgeon at the follow-up appointment.

Activities to avoid

Avoid doing anything that may jar your new knee, such as running, jogging or horse riding within the first 3 months. Avoid impact activities.

You should not attempt sports which require you to twist (this includes most ball games) for the first 3 months.

Living with your new knee

Things to remember:

Infections

Your new joint could become infected as a complication of certain illnesses or operations. To avoid this, an antibiotic drug should protect you when the need arises. Tell your doctor or dentist that you have had a knee replacement so that they can give you antibiotics if necessary.

Complications

Never forget the advice in the section ‘Protecting your new knee’ (page 19). This will help to prevent complications.

We hope this information has been helpful. If you have any questions that have not been answered by this booklet then please ask the staff at your various appointments. We wish you a new lease of life.

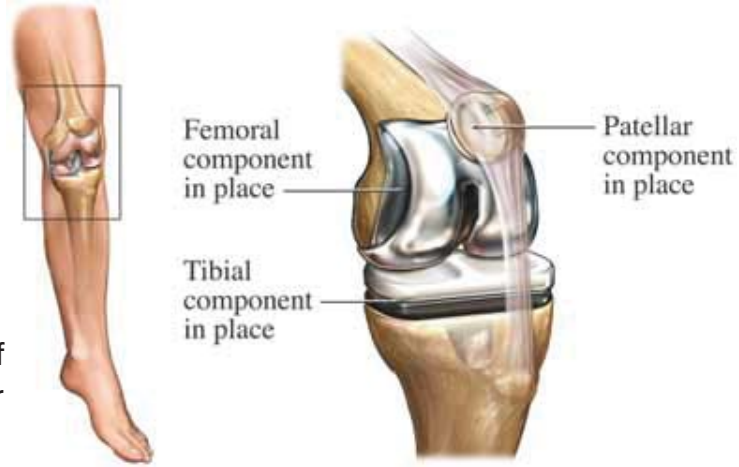
Introduction

This booklet tells you about knee replacement surgery. It is for people who have decided to have the surgery after discussing the options, benefits and possible risks with their consultant. Please keep this booklet for reference before, during and after your hospital stay.

There could be many reasons why your knee needs replacing:

- Wear and tear on the surface of the joints. This is known as osteoarthritis.
- Inflammation of the lining of the joint, leading to wearing away of the joint surfaces, for example rheumatoid arthritis.
- Disruption of joint surfaces, secondary to previous trauma.

A total knee replacement (TKR) is an operation to replace the surfaces of both the femur (or thigh bone) and the tibia (or shin bone). Sometimes the surface of the patella (or kneecap) is also replaced.



A knee replacement is made up of 3 parts. The femoral and tibial components are made of metal with a polyethylene (plastic) spacer between them acting like cartilage. The femoral part is fixed into the femur (thigh bone) with either special acrylic cement (which is also used in dental surgery) or without cement. The uncemented replacement has a special coating. This coating encourages new bone to grow on to the replacement and keeps it in place.

The tibial part is fixed to the tibia with or without cement.

If the surface of the knee cap (patella) is badly worn, it is resurfaced with polyethylene.

Movement of the joint happens between the spacer and the femoral component. The patella glides in a groove on the femoral component.

There are many different types of replacement to choose from and you and your surgeon will discuss these and select the best one to suit your needs.

At Salisbury Hospital, TKRs are being carried out as part of an Enhanced Recovery Programme. This means that you will only be in hospital for 2 - 3 days and will go home with support from the Orthopaedic Therapy Team.

The decision to have or not to have this operation is yours. If the joint is not replaced your condition can become worse. Pain may increase and mobility decrease. Alternative treatments such as pain killers and physiotherapy can help to keep as mobile as possible, but these treatments will not stop your condition from worsening. Knee replacement is one way of treating your problem; improving present levels

six weeks after your operation. You can ask your surgeon at this appointment when you will be able to drive again.

Before you drive again tell your insurance company about your knee operation. This shouldn't change your premium.

If you are unsure of your ability to drive, contact a driving school.

Leisure activities

Swimming

Once your wound has healed, this is an excellent exercise. Take care at the edge of the pool and ensure you can enter and exit the pool safely. Avoid breaststroke kick for the first 6 weeks.

Golf

About three months after the operation you can resume with gentle putting, gradually building up until you can tee off with an iron at about five months. After 3 months you can play two or three holes on the course. You can gradually increase this as you feel able.

Gardening

Some light gardening may be possible with long-handled tools. Avoid kneeling for too long at a time. It may help to use a kneeling pad or cushion. Do not try to do heavy work like digging in the first few months.

Be careful on uneven ground.

Exercises

It is very important to continue with the exercises at home. Depending on your progress, the Physiotherapist may refer you for outpatient physiotherapy. Continuing with your exercises will increase your muscle strength and improve your walking.

Do the exercises 3 – 4 times a day: first thing in the morning, before lunch, before your evening meal and before you go to bed.

Twice a day, have a rest on the top of your bed. Lie as flat as possible.

Reaching to the floor

To reach down towards the floor, first put your operated leg straight out behind you and then lean forwards, bending only your un-operated leg and knee.

It is important not to force your new knee into too much of a bent position so do not squat down, or kneel down.

Driving

You are advised not to drive until about 6 weeks after your operation. This is because you need to get the strength and movement back in your operated leg to work the pedals comfortably. You also need to be able to safely perform an emergency stop.

Your consultant outpatient appointment will usually be about

of pain and mobility.

If you decide that you do not want this operation and would like more information about any alternative treatments that may be available, please ask your GP to help you.

Remember you can change your mind at any time and that you have the right to seek a second opinion.

Students of all professions may be involved in your care. Please speak to a senior member of staff if you do not wish a student to be part of your care.

Risks and complications

Specific risks

Pain

This operation is done to lessen or relieve your long-term pain. It is common to experience pain after the operation, you will need to take regular pain killers. It can take up to 3 months for the pain to settle but in a few cases pain can persist. If you experience any lasting pain, please inform your surgeon or talk to your GP.

Loosening

Loosening of either of the components can occur due to ‘wear’ debris, either from cement or polyethylene bearing surfaces. This usually occurs after about 10-15 years and may cause pain. It might mean having to have another operation. In some cases, they fail earlier. The reason is often unknown. Loosening associated with infection can occur at any time. This risk is about 1-2% or 1–2 per 100.

Fracture (break or crack)

If you fall or have an accident at any time after you have had a knee replacement, you could fracture (break) the bone around the new joint. This is usually painful and the leg is unable to take any weight on it. It is normally treated by an operation to fix the fracture or re-do the knee replacement.

Fracture of the bone can occur during the operation. This is very rare (less than 1% or 1 in 100). This may require fixation, either at the time or at a later operation. This may result in the amount of weight you can put through your leg being limited.

Stiffness

This risk is approximately 2-5% or 2-5 in 100 cases. It may occur after the operation especially if the knee is stiff before the surgery. A manipulation under anaesthetic may be necessary. This risk increases if your knee was stiff before your operation.

Nerve Injury

This risk is approximately 1% or 1 in 100. Efforts are made to prevent this, however damage to small nerves may cause temporary or permanent altered sensation around the knee. There may also be damage to the nerve of the lower leg causing temporary or permanent weakness or altered sensation. Reduced sensation to the skin of the outer half of the knee is common.

Your toilet

Standard toilets can be low. The occupational therapist will arrange for a suitable toilet raise or frame, if necessary.

Use the same method for sitting on the toilet as for sitting in a chair.

Getting dressed

Sit down to dress, preferably on a high chair with arms.

It is strongly advised that when you are getting dressed you do your operated leg first.

When getting undressed do your unoperated leg first.

You may find it difficult to bend down to get clothes over your feet. Use a long handled reacher, long shoe horn and a sock or tights aid - these are available through occupational therapy or can be purchased privately in advance.

Walking

Remember to keep up your daily walks after you go home. Try to go for morning and afternoon walks on flat ground. Begin with a short distance and gradually increase the distance as your strength improves. Your progress will depend on your previous mobility.

When you feel able, you can start working with one crutch or stick. This should be held in the opposite hand to your knee replacement. If you are still limping or experience pain, continue to use both crutches or sticks.

- you have a red, hot, painful and swollen leg particularly around the wound or in your lower leg contact your GP or 111 out of hours.
- If you have any concerns about your wound orthopaedic outpatients can be contacted Monday - Friday 9:00am - 17:00pm.

Everyday activities

Sleeping position

It is probably more comfortable to sleep on your back initially. However, do not put anything underneath your knee. If this is not possible you can sleep on your side.

If sleeping on your side, put a couple of pillows between your legs to make your knee more comfortable.

Your chair and sitting

A high, firm chair with arms is the easiest to use.

The occupational therapist will advise on raising the height of a suitable chair if necessary.

The procedure for sitting down and standing up is the same as ‘after your operation’

Do not sit in low, soft chairs that slope backwards, such as a sofa, deck chair or sun lounger. This is because you may find it difficult getting out again, as you may not have the range of movement or strength in your knee. Remember not to cross your legs or feet while sitting.

Dislocation

This is extremely rare (less than 1% or 1 in 100). The polyethylene spacer can dislocate. This will require treatment and sometimes an operation. This may be followed by the use of a knee brace.

Leg length

If, before the operation, your knee is very bowed or you are very ‘knock-kneed’ you might find that after the operation and your leg has been straightened, your leg may feel longer. This does not usually pose a problem in knee replacements and can be corrected by a heel raise in the shoe of the shorter leg.

General risks

All operations carry a number of risks.

Infection

The risk of deep infection is about 1-2% or 1-2 in 100. This can be extremely serious The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics but on occasion an operation to washout the joint may be necessary. In some cases the prosthesis may be removed and replaced at a later date.

Blood clots DVT (deep vein thrombosis)

A DVT is a blood clot in a vein. It can happen, especially after an operation, because of the body’s response to the surgery and because you are less mobile.

The risk of developing a DVT for this type of operation is 2-5% or 2-5 in 100. The National Institute for Health and Clinical Excellence (NICE) quote an average of about 27% **without** any preventative treatments being used.

Usually your leg would become swollen, red, hot and painful. If a part of this clot breaks off it is called an embolus. This embolus can travel through blood vessels of the body and lodge in different places.

If an embolus travels to the lungs it can cause a Pulmonary Embolism (also known as a P.E). This would cause chest pain, shortness of breath and a cough. The risk of this is less than 1%.

There are many ways to reduce the risk of developing blood clot

- Foot pumps will be provided.These are Velcro boots which inflate periodically around your feet to help with your circulation.
- Most patients will require additional medication. This could be in the form of either a table or daily injections into your tummy for two 2 weeks (you will be shown how to do this).
- Starting to walk and moving early is one of the best ways to prevent blood clots from forming.
- Stay well hydrated

Stroke or CVA (cerebral vascular accident). This risk is 1%, or 1 in 100.

Heart attack or MI (myocardial infarction). The risk for this is 1%, or 1 in 100.

Turn with your back to the seat and place your bottom into the car first.

Slide your bottom backward towards the driver's seat. Two plastic bags (one on top of the other) on the seat can make movement easier. Remember to remove the plastic bags before your journey starts, as it would be dangerous to travel with them left in place, but take them with you to use when you get out of the car.

Slowly bring your legs into the car.

To get out, just do the same but in reverse order.

Living with your new knee at home

Everyone is different so you will progress at your own pace. Do not compare yourself with other people who have had the same operation as each person recovers differently. Treat your new knee with respect for the first three months or so and it should serve you well in the years to come.

You may, for a few weeks, experience bruising, swelling, aching and discomfort throughout your leg or generally as your body adjusts to your new knee. This is to be expected and should gradually improve.

If, however, you experience any of the following....

- sudden severe pain in your leg
- you can't put your weight on your leg
- you have pain that does not get better even after taking pain killers

Going home

Recovery times differ from person to person. When everyone in the team is happy for you to go home your nurse will discharge you. You will be given a copy of your discharge summary and a letter for your practice nurse explaining when you need to have your dressing changed and clips removed. You need to phone your GP surgery and arrange for this to be done. You will also be given a supply of any tablets you might need at home.

You will go home between 2 and 3 days after your operation. If you go home in this time frame you will follow the Enhanced Recovery Programme and will receive a follow-up phone call from the therapy team. You can ring the ward at any time for advice.

We will aim to discharge you before 11am. However if that is not convenient, you will be asked to wait in the Discharge Centre until your family can collect you.

You will be able to go home in a friend or relative's car. You will not need an ambulance.

Getting in and out of a car as a passenger

Get into the car from a drive or road. If you have a high vehicle then use the pavement.

It is best to travel in the front passenger seat as this can usually be easily adjusted.

Ask for the seat to be pushed back as far as it will go on its runners and for the seat back to be reclined slightly.

If you find that the seat is too low, use a cushion.

The risk of death after TKR within 45 days of surgery has reduced from 0.37% (2003) to 0.3% in 2011.

Every effort is made by staff to keep these risks to a minimum. The team will encourage you to mobilise frequently to reduce these risks. However it is your responsibility to ensure your exercises and mobility are completed.

If you are having both knees replaced at the same time, the general risks are increased.

If you have any health problems such as angina, diabetes or respiratory problems, your risk of developing complications may be increased.

Planning for your operation

You need to be as healthy as possible before major surgery to help a quick recovery. You can improve your general health by:

- Trying to give up smoking completely as smoking delays wound healing.
- Cutting down on the amount of alcohol you drink.
- Eating a well balanced diet. This will help to improve your skin condition and help wound healing. It will also help to prevent constipation.
- Maintaining the correct weight for your height. Losing weight if overweight will not only enhance quick recovery

If you need help or advice with any of these speak to your GP

- Walking and exercising within the limit of your pain.
- Make sure your skin is unbroken and free from sores and open areas. This will reduce the possibility of infection both before your operation and after. An infection or open wound anywhere in your body will stop you from having your operation.
- If your toenails need treating or if you have any other foot problems visit your chiropodist before you come into hospital.
- Making sure your teeth are in good condition. A tooth infection could cause bacteria to enter your blood stream and infect your new knee joint.
- Practising the knee exercises shown later in this booklet
- Do not apply any skin preparation (such as body lotion) on the day of surgery.
- Do not shave the skin at the site of surgery yourself. If needed, the surgical team will do this in theatre.

Home and help

It is important that you plan now for after your operation.

Things you need to do and think about:

- Complete your therapy form and send it back to us now. An occupational therapist can then contact you if necessary.
- If you live alone and are concerned about going home, arrange for someone to stay with you.

Stairs and steps

You will practice going up and down steps or stairs as required, with a physiotherapist before you go home.

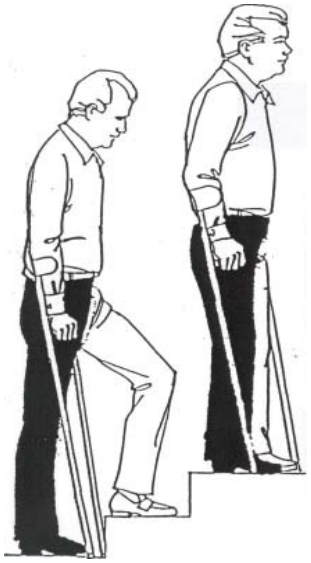
To go up:

Start with both feet together at the bottom of the step(s).

Put your un-operated leg on to the first step, followed by your operated leg.

Then bring your crutches up on to the same step. Repeat for each step.

The crutches move with the operated leg.



To go down:

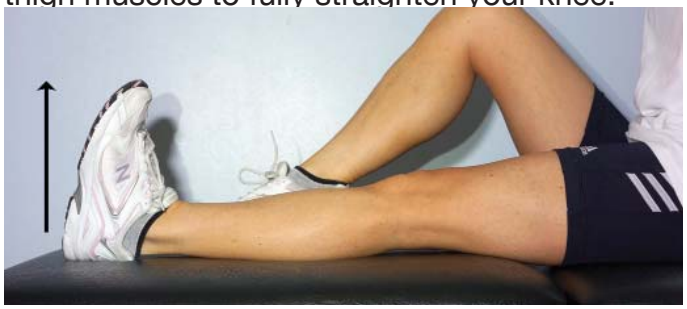
Put your crutches down one step, followed by your operated leg.

Then bring your un-operated leg down to the same step.

Repeat for each step.

Exercise 4 – ‘straight leg raise’

When sitting on the bed, pull your foot up and brace your thigh muscles to fully straighten your knee.



Keeping your knee fully straight, raise your leg off the bed.

Slowly lower your leg back down to the bed.

As you get stronger, try to hold your leg up for 5 seconds before lowering.

Your physiotherapist will remind you of these on the 1st day after your operation and review them daily. **It is important that you do them independently in between these times.** If you have any concerns phone the ward or the therapy team.

If you are concerned about going home;

- Think about help with the housework and shopping.
- You will be independent with strip washing and can use a shower cubical if you feel able to access it safely and can keep your wound dry. It is important to have a slip-resistant mat in your bath or shower. Your wound should be fully healed before getting it wet.
- Read the kitchen section (below) and plan accordingly.
- If you are not confident on your stairs arrange for a bed to be brought downstairs. This needs to be done before admission.
- Think about having a phone by your bed. It is also a good idea to have a cordless phone that you can carry in your pocket, especially if you live alone.

Kitchen

It is helpful to have meals prepared for you for the first few weeks.

When you go home with sticks or crutches you will be unable to carry meals from room to room.

Plan for when you return home in the following ways.

- Stock your freezer with convenience foods. A microwave is useful for reheating meals.
- Ensure everyday kitchen items are within easy reach. Rearrange your cupboards to avoid bending.
- If there is room in your kitchen, have a table and high

seat near the work surface.

- An apron with a large pocket or rucksack is useful for carrying small items such as a book or cordless phone around your home.

If you anticipate problems, discuss these with your friends and family. The OT may also be able to give you some advice.

We advise you to:

- Remove loose rugs, trailing electrical flex or any thing else that could cause you to trip, slip or fall.
- Improve poor lighting to avoid these hazards.
- You will require a walking aid for up to 6 weeks after your operation. Think about how you will get around your home with crutches.

In exceptonal circumstances additional assistance may be required when you leave hospital. You will be assessed on the ward by the therapy team. Try to arrange help at home before you come into hospital as you will only be in for a few days.

Before your hospital stay

After you and your surgeon have decided that you need an operation, you will be asked to attend a Pre-operative Assessment Clinic (POAC). You will have several tests. These include:

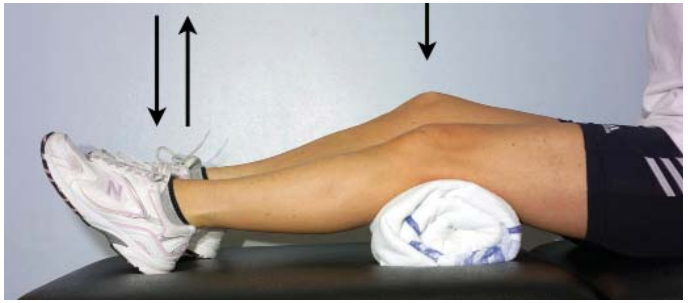
- Blood tests
- ECG (heart trace)

Exercise 2 – 'knee flexion/extension'

When sitting on the bed, bend and straighten your knee. Try to bend as far as you can go each time. Keep your toes and kneecaps pointing to the ceiling.

It may help to pause for a second at the most bent position to stretch into range.

Exercise 3 – 'inner range quads'



When sitting on the bed, put a small rolled up towel or cushion under your knee.

Pull your foot up and lift your heel off the bed to fully straighten your knee. Hold for 5 seconds and then relax.

breath and feel your ribs being pushed out to the side as you expand your lungs. Do this 3 or 4 times every hour.

This will make sure you get a good exchange of air in the bottom pockets of your lungs. It will help to prevent you from developing a chest infection.

Your physiotherapist will remind you of all of these exercises after your operation.

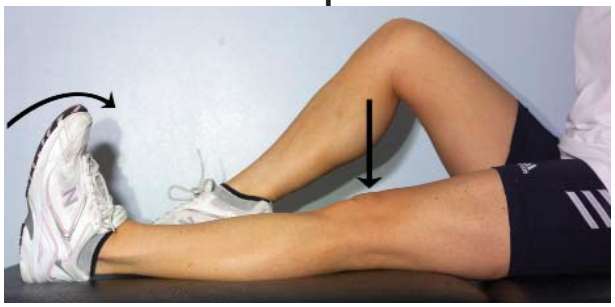
Board exercises

You will start exercises to regain strength and movement in your knee immediately after your operation. Practice these exercises before your come in for your operation.

Try to do these exercises at least 3 times a day, preferably four times a day, repeating each exercise 10 times.

It is your responsibility to continue these exercises throughout the day and after your discharge home.

Exercise 1 – 'static quads'



When sitting on the bed, pull your toes up towards you and push your knee down into the bed to brace your thigh muscles. Hold for 5 seconds and then relax.

- Urine specimen
- MRSA (Methicillin Resistant Staphylococcus Aureus) swabs.

These tests will give the staff information about you. You will see a nurse and /or a doctor who will make sure you are fit for surgery. This appointment will also be another opportunity for you to discuss the operation and all that is involved and to ask any questions.

Your operation will be postponed if there any concerns about your fitness for surgery.

Joint school

You are expected to attend joint school. This is an hour-long education session which will help you prepare for your knee replacement and get to meet some of the team.

If you have had a knee replacement in the past year and feel you dont need to attend, please contact the therapy team and discuss your concerns.

Coming into hospital

Things you need to do:

- Make sure you have read your admission letter so that you come to the right place on the right day and at the right time.
- Do not bring any towels or face cloths in with you. They will be provided for you by the hospital. This is to help reduce the risk of possible infections.
- Bring sensible slippers with proper non-slip soles

(not flip-flops, backless or fluffy mules!), suitable nightwear and dressing gown. You will be getting dressed please bring in some easy to wear day clothes for when you are up and about.

- Bring in all the tablets you are currently taking and a list of when and how many you take.
- Leave jewellery, large amounts of money and any valuables at home.
- You are allowed to use your mobile devices.

The operation

You will be told when to stop eating and drinking.

You will see an anaesthetist and the surgeon before you go to theatre. The leg that is being operated on will be marked with a marker pen.

The operation can take about 1½ hours. It can be done by general anaesthetic (you will be asleep) or spinal anaesthetic (this gives you no feeling in your legs temporarily).

You can have sedation with a spinal anaesthetic so that you will not be aware of the operation. There are separate leaflets about anaesthetics, which are available on request.

You will be given extra fluids through an intravenous (IV) drip during the operation and afterwards back on the ward. The drip will be removed when you no longer need it.

After your operation

There may be a tube (called a catheter) draining urine from your bladder into a bag. It is used to make you feel more

physiotherapist will show you how to do this.

Exercises

Start practising the exercises now, before your operation.

The following exercises are to help your circulation and breathing. Do the first 3 exercises 10 times each and every hour, whenever you are awake.

Ankles

Paddle your feet up and down and circle them round and round.

Knees

Brace your knees back so that you can feel the muscle tighten on the front of the thigh.

Hold for a count of 3 and then gently relax. Your kneecaps should move slightly.

Bottom

Clench your buttock muscles together and hold for a count of 3 before relaxing.

Breathing

Place your hands on the sides of your rib cage. Take a deep

The occupational therapists can advise you on aids that can help with washing and dressing.

Bowels

Constipation can be a problem because you are not as mobile as usual. Also you diet may be different and the medication you are taking may affect your bowels. Try to drink plenty of water and eat a high fibre diet. You will be prescribed medication to help with this.

Sitting in a chair

Reverse up to the chair until you feel it against the back of your legs.

Reach back to the chair with your arms and sit down slowly.

Sliding your operated leg forwards as your sit down can be more comfortable. Do not suddenly bend your knee when sitting.

Remember not to cross your legs or feet while sitting, as this is not beneficial for your circulation.

Walking

You will encouraged to get up on the day of your operation on the first day after your opertion. Mobolising will also help to prevent a chest infection or a blood clot.

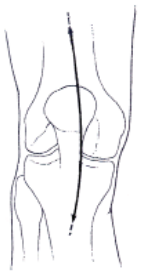
You will usually need to use a walking frame at first before progressing on to crutches. You will always have a member of staff with you for the first time you get up. The pattern of walking is the same, whichever walking aid you use. Your

comfortable. It will be removed the morning after your operation. It can be momentarily uncomfortable when it is removed.

Your consent to this and all the above is ‘assumed’ unless you specifically object – in which case please discuss this with your surgeon before the operation.

Wound site

Your wound will be down the front of your knee.



The area around your knee will feel sore in the days after the operation. You will need to work hard to to regain your knee movement and muscle strength this may be uncomfortable. The nursing staff will give you pain relieving medicine, it is important to take this regulary even if you feel comfortable at rest.

Swelling

It is quite common for the whole of the operated leg to become bruised and swollen. If this happens, you will be given an ice pack. A physiotherapist will explain how to use this safely.

It may be useful to continue using ice at home if your knee is still swollen. A packet of frozen peas is ideal but should be wrapped in a tea towel or pillow case to prevent ice burns. Only leave the ice pack on for a **maximum of 15 minutes at a time**. (Please do not eat food that has been defrosted and refrozen as this can lead to stomach upsets.)

The swelling can vary throughout the day and from day to day depending on your activity levels. Pain, swelling and

bruising can last for a few months but should get easier.

Food and drink

After your operation you should be able to eat and drink normally. You may feel a little sick. The nurses can give you medication to help with this. It is important to drink plenty of fluids, this will help with your circulation and kidney function.

Knee X-ray

Before you go home you will have an X-ray to check your knee.

Blood tests

You will have one or more blood tests after your operation to make sure you are not anaemic and that your vital organs are functioning well.

Protecting your new knee

Your muscles may feel weak at first. Working hard to regain your knee movement and muscle strength will also help to protect your knee. There are several things to avoid in the first few weeks:

- Avoid kneeling on your new knee, definitely for the first 6 weeks. Only try to do it after this time and only if it is comfortable. You may find a kneeling pad helpful.
- Avoid twisting on your operated leg. When turning, always lift each foot alternately as if marching on the spot.
- Avoid forcing your knee into a bent position.

(Stretching into range to regain movement is acceptable).

Getting in and out of bed

The first time you do this a member of staff will help you. There will be pain and discomfort when you get up. Starting to move will ease pain and stiffness.

Getting into bed

Reverse up to the bed until you feel it against the back of your legs.

Reach back to the bed with your arms and sit down slowly. Sliding your operated leg more forwards may be more comfortable.

Sitting on the bed, move yourself straight back using your arms, until your lower legs are supported on the mattress.

Gently ease yourself round until you are comfortable.

Getting out of bed

Use the above method but in reverse order.

If you feel faint or giddy before standing up, sit for a few minutes on the edge of the bed until your head clears.

Washing and dressing

You may require some help to get washed and dressed on the first day after your operation. Wearing everyday clothes on the ward will make it easier for you when you get home.