



Manchester Hip & Knee Clinic

WHAT YOU NEED TO KNOW ABOUT YOUR KNEE REPLACEMENT SURGERY

Winston Kim, FRCS (Orth)

Consultant Orthopaedic Surgeon

Specialist Hip and Knee Surgeon

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This information sheet is produced for patients who have decided that they wish to proceed with a knee replacement. Before surgery, Mr Kim would have discussed treatment options with you including, not limited to, no surgery, injections if appropriate, physiotherapy treatment, the option of partial or total knee replacement surgery. He would have discussed risks and benefits associated with all of the above.

Please refer to www.manchesterhipandknee.com for further information in relation to the above or please feel free to ask Mr Kim or his team for further information. You may telephone the office on 0161 447 6753 or e-mail us on manchesterhipandknee@gmail.com.

BEFORE SURGERY

The following is further information which you need to know before and after surgery.

Medications to stop ahead of surgery.

If you are taking any blood thinning tablets (including Warfarin, Rivaroxaban or Clopidogrel) please inform us of this as soon as possible (e.g. at pre-operative assessment) before surgery. The team can then advise you when to stop your medication or provide you with a 'bridging' tablet or injection, before your planned surgical date.

The use of Aspirin

In most cases Mr Kim and his anaesthetist would advise that you may need to stop your Aspirin 5 days before your surgery, but please check with us, as in some cases (e.g. heart disease, it may be too risky to stop Aspirin, in which case we would accept a higher risk of bleeding by not stopping Aspirin).

Oral Contraceptive Pill and HRT

Patients who are on HRT or are taking the contraceptive pill are advised to stop 6 weeks before surgery as there is an increased risk of developing a clot. Please seek medical advice in relation to alternative contraceptive methods in the case of the contraceptive pill.

CUTS/ SCRATCHES/ BITES/ SKIN LESIONS AROUND YOUR KNEE

If you sustain any **cuts, scratches, bites** on the leg we are operating on, it is important that you inform us **before your surgery date**. This could otherwise harbour bacteria which could then become a source of infection in your new joint.

If you are planning to **Travel abroad** post-operatively, please discuss the timing with Mr Kim but long haul flights should ideally be avoided for 3 months, although this may be adjusted according to your individual circumstances.

Pre-Operative Assessment

The hospital will contact you in relation to a pre-operative clinic appointment. At this appointment a nurse will review your clinical status and will discuss and complete an in-depth questionnaire to assess your fitness for surgery.

At pre-operative clinic you will also see a physiotherapist and occupational therapist who will discuss your rehabilitation and recovery after surgery. It has been shown that appropriate exercises undertaken before and after surgery helps with your recovery and eventual outcomes.

Routine bloods and investigations to exclude MRSA will be taken. These involve obtaining swabs from the nose and groin region.

Please bring all your medications into hospital at the time of your admission for surgery so we can prescribe these for you whilst you are an in-patient.

Please ensure that you have nothing to eat or drink after midnight on the day of surgery unless informed otherwise. The guidance is 6 hours without food before your surgery and have nothing to drink 2 hours before surgery. You may drink clear fluids (water) up to 2 hours before surgery.

As you would be in a list with other patients waiting to have surgery, your place on the list depends on several factors including how fit you are and your age. You may have clear fluids up to 2 hours before surgery; no food 6 hours before surgery. The anaesthetist would advise you on the day of surgery where you are on the list after a team brief (after 8 am

Mr Kim and his team would advise you to complete Pre-operative baseline questions in relation to your pain/discomfort and function. These are standard, validated questions which will allow us to assess your clinical outcome and reassure you of your progress after surgery. The questions are completed online. We will e mail you a link.

YOUR STAY IN HOSPITAL

The day of surgery

On arrival at hospital please register at the main reception area. You will be taken to your room on the ward.

You should have already signed a consent form prior to surgery. Mr Kim will attend at your room and mark your leg for surgery. Please inform Mr Kim, his anaesthetist, or the nurses if there is any change in your health, medications, or recent illnesses.

Please always feel free to ask about any aspect of your care or surgery on the day of surgery or any time before surgery.

Before surgery you will also be assessed by the Anaesthetist

Anaesthetic

The majority of patients undergoing joint replacement surgery will have a spinal anaesthetic which is an injection to your back to numb the lower half of your body. Patients may choose to have spinal anaesthetic with sedation. The extent of sedation that is required is tailored to each individual patient. Please discuss with your anaesthetist to advise your anaesthetist how awake or asleep you wish to be during the procedure.

Spinal anaesthetics may take 6 hours to wear off after the surgery. It is important that you continue to take pain killers after surgery at the prescribed times to ensure your pain level is well controlled. General anaesthetics can take 48 hours to wear off completely.

Order of List for surgery

The order of patients on the list for surgery will depend on each individual patient and their medical conditions. Patients who are the fittest or diabetic patients in general tend to be later in the list. After all patients have been assessed the anaesthetist will decide on the most appropriate order of the list. We will inform you of the expected time of surgery after the morning team brief.

After your surgery you will be taken to the recovery area to be monitored whilst you recover from your anaesthetic before being brought back to the ward. If you had a spinal anaesthetic it may be a few hours before you obtain full feeling back in your legs.

You will start your medications to reduce blood clots on the evening of the operation. Mr Kim would have applied TED stockings on your legs. You would be advised to keep these TED stockings on for between 4 to 6 weeks after surgery. The key to putting on these stockings are to ensure that your legs are dry and that a small plastic bag is placed over the foot and ankle

to ensure easy passage of the TED stockings. The plastic bag is then removed. The nurses will show you how this is done before discharge from hospital.

Day one post-surgery mild to moderate pain may be expected after surgery but this should be well managed and controlled with pain killers prescribed.

Please elevate your knee at rest and take the recommended pain-killers regularly for the 1st 3 to 4 weeks in particular to reduce knee swelling and inflammation and control your pain, as otherwise it would be a vicious cycle of pain and swelling.

If your pain control is poor or if you have side effects in relation to the same please do not hesitate to let Mr Kim and the ward staff know of the same.

The physiotherapists will attend to you twice a day and an occupational therapist will assess you in relation to daily activities. An intravenous drip will usually be stopped on day one. Bloods will be obtained to ensure that your blood levels and salt levels are satisfactory after surgery.

Day two after surgery Mr Kim and the Team will continue to monitor you after surgery. You should have been for an X-ray by day two after surgery. If blood results and X-rays are satisfactory preparations will be made, provided you have progressed with your physiotherapy, to be discharged.

Discharge day

Discharge is usually planned for 3 days after your operation when the nurses and physiotherapists feel that you are safe to go home.

After discharge you should receive a follow up appointment for 6 weeks after surgery. It would be helpful if you contact your physiotherapist to arrange physiotherapy treatment within 1 to 2 weeks of discharge. If you require further assistance in relation to seeing a preferred physiotherapist closer to home or within the hospital please do not hesitate to contact Mr Kim's office on 0161 447 6753.

Mr Kim routinely sees his patients with joint replacements at 6 weeks after surgery, 4 months after, a year, and ideally 3 and 5 years after surgery.

After knee replacement surgery it is important that you regularly ice your knee. You should ice your knee for 15 to 20 minutes every hour where practicably possible especially the 1st 4 weeks after surgery. This will reduce inflammation, swelling and therefore knee pain, allow better range of movement and expedite your recovery.

FURTHER NOTES

It is particularly important that if you have any concerns about your care, any concerns in relation to your joint replacement surgical procedure or your wound or any concerns whatsoever that you are in touch with Mr Kim's office on 0161 447 6753 or email him at manchesterhipandknee@gmail.com. Mr Kim would rather be informed of any concerns sooner rather than later. Please do not feel that you are calling him or his office unnecessarily.

*** IMPORTANT: ***

WOUND ISSUES

After surgery, your wound may leak. Often times, it is due to the blood thinning medication we have started you to reduce the risk of clots. If your wound continues to leak 5 to 7 days after surgery, please contact Mr Kim, his office, e mail or contact the wards out of hours. We often advice patients to stop their blood thinning medications for 2-3 days depending on the circumstances.

Further information

Contact our office on 0161 447 6753 office hours (8 am to 5 pm)

BMI Alexandra Hospital Stafford Suite 0161 495 7022 (24 hours)

Email: manchesterhipandknee@gmail.com

Website: www.manchesterhipandknee.com

Spire Hospital Ward 2, tel: 0161 447 6633(24 hours)