Knee Replacement
A guide for patients

Please bring this booklet with you each time you attend the hospital

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Introduction

Knee replacements are carried out when arthritis of the knee causes pain and stiffness that affects your activities in daily life. This booklet aims to provide information to help you before and after your operation, whether you have had a partial knee replacement ( unicompartmental or patellofemoral resurfacing) or total knee replacement.

The new joint is made up of metal components which replace the ends of the femur (thigh bone) and tibial (shinbone). A plastic component sits on the tibia component and separates them. If the patella (kneecap) is resurfaced this will also be plastic.

To get the best results from your surgery you will need to closely follow the advice of your therapists and nurses. Give yourself a head start by practising the exercises in this booklet. Share the information in this booklet with your family and friends so that they can support you after your discharge home.

Please note: throughout this booklet we have used a patient’s right lower limb to show positioning of the operated limb.
All Xrays

Normal knee front view Xray

Knee side view OA knee Xray

Unicompartmental knee replacement

Total knee replacement

Patellofemoral replacement joint resurfacing

Total knee side view
Discharge planning

The length of your hospital stay will depend on the type of replacement you have.

- Unicompartmental 2 - 3 days.
- Patellofemoral joint resurfacing 3 - 4 days.
- Total knee replacement 3 - 4 days.

You can prepare for your surgery by reading through this booklet and completing the preadmission check list.

Pre-admission Check List

Tick the box when you have organised the following ready for your admission to hospital.

This list will be fully explained at the Patient education group.

Help with household tasks (see page 24)  
Food cupboards and freezer stocked up
Help with shopping  
Help with gardening and pets  
Comfortable slip on shoes or sandals (no backless footwear)  
Cool, loose fitting clothes e.g. shorts or skirts  
Early knee exercises practised  
Transport to return home and for future appointments  
Furniture measurement form completed  
Questionnaire from Occupational Therapist completed

NB. If you have been unable to organise any of the above, inform the staff at your Pre-operative assessment clinic or your nurse on admission to the ward.
Visit GP for a blood pressure check if necessary.
Ensure you have no skin abrasions or cuts.
Dentist check up.
Practise using elbow sticks.
Practise technique with sticks on stairs.

**What to bring in to hospital**

Please bring the crutches/sticks issued to you in the knee education class, when you come into hospital.

**We suggest bringing a small folding bag with the following:**

- Toiletries including towel
- Comfortable nightwear and dressing gown
- Day Clothes
- Supportive shoes/slippers (no backless footwear)
- Tissues
- Hair brush/comb
- Book
- Handwipes

Please bring with you any medicines that you normally take. These will be given to the nurse on admission and given back when you are discharged home.

You may wish to keep a small amount of change with you for newspapers, phone etc but it is advisable not to bring valuables or large sums of money into hospital.

Visiting times on the wards are restricted to ensure that patients have undisturbed meal times, rest periods and time for therapy and diagnostic services. This also allows domestic staff to clean wards during the day.
Please note: **Only 2 visitors per patient. No children under the age of 11 years. No flowers.**

**Before your surgery**

**Knee education class**

You will be invited to a group education session to help you prepare for your surgery. The group is run by nurses and therapists who will start your rehabilitation programme. You will be given your exercises and sticks to take home.

Please take your completed questionnaire and furniture measurement forms to this class and give these to the occupational therapist during the session.

**Pre-operative assessment clinic**

Your day in the preoperative assessment clinic is a thorough preparation for your forthcoming operation and therefore please be prepared to be in the department for up to 6 hours. Please bring a printed copy of your prescription if you take any medicines.

If you have previously been given a health questionnaire please bring it with you.

If you have not you will be asked to complete one.

The purpose of the day is to make sure that you are medically fit to have your operation. It is an opportunity for you to ask questions and discuss any concerns that you have.

During the day you will have certain tests and procedures.
The clinic nurses will do some or all of the following tests:

- Height, weight and Body Mass Index, (BMI).
- Urine test.
- Readings of blood pressure, pulse and oxygen saturation levels.
- Three swabs to test for Methicillin Resistant Staphylococcus Aureus, (MRSA). These will be taken from the nose, armpit and groin.
- Blood tests
- Electrocardiograph, (ECG), to check the heart rhythm.
- Blood glucose level (for diabetic patients).
- Xray.

Diet

Prior to your operation it is important that you are in good health. In order to achieve this, it is essential that you eat a healthy balanced diet. For most people this means eating more fruit and vegetables and reducing the amount of sugary and fatty food you eat.

Above all we should aim for variety in our food.

Smoking

Smoking before, during or after surgery will slow the healing process. Smoking during this time increases your risk of complications. If you would like advice and support to stop smoking please contact your GP.

Coming into hospital

A nurse will complete all the necessary paper work with you and tell you when you are expected to go to theatre. A member of your surgical team will see you before you go to theatre to answer any questions, and at this point, mark your your limb that is to be operated on ready for surgery.
An anaesthetist will visit to discuss with you the type of anaesthetic and to ensure that you are fit for your surgery.

We will prepare you for your operation and ask you to get dressed in to a theatre gown, prior to going to the operating theatre for your surgery.

If your operation is later on in the day we will take you to your ward and settle you in, ready for them to take you later.

We will also give you a pair of compression stockings which you will have to wear for approximately six weeks following surgery and which will need to be worn before your operation.

**Your anaesthetic**

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**What can go wrong?**

Generally a total knee replacement is an effective procedure that can dramatically improve your quality of life.

All operations carry some risk and the most frequent and important are outlined below:

1. **Surgical mortality.** A knee replacement is a major operation and a small number of patients may not survive their surgery. Figures from North Bristol NHS Trust show that the death rate within 30 days from surgery is 5 in 1000 if you are under 65

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years. This figure increases to 30 in 1000 if you are over 80 years old.

2. **Heart Attack and Stroke.** The strain of the operation can cause a heart attack or stroke either during or in the first few days after the operation.

3. **Anaesthetic.** You will have an anaesthetic that carries a very small risk depending on your level of health. The Anaesthetist (a doctor) will explain the risks to you.

4. **Infection.** The risk of developing an infection around a knee replacement is around 1 in 100 in an osteoarthritic knee and 24 per 100 in rheumatoid arthritis. The following measures are used to reduce this risk:
   - a) Antibiotics at the time of surgery.
   - b) Surgery is performed in a theatre used only for orthopaedic operations with mechanisms in place for reducing infections. If an infection does become established and does not respond to antibiotics the knee replacement must be removed. It is usually possible to insert another joint replacement when the infection has cleared.

5. **Thromboembolism.** Blood clots may develop in the veins of your leg during or after surgery. Part of a clot may break off and travel to your lungs. This can be fatal but is extremely uncommon and occurs in 1 in 1000 cases. This risk is increased if you are female, overweight, have varicose veins, high blood pressure or heart disease. Recognised ways to reduce blood clots are exercise, foot pumps and blood thinning agents, all of which are used at North Bristol NHS Trust. Compression stockings may also help.

6. **Loosening, wear and fractures.** The overall rate of loosening in the type of knee replacements used in this unit are approximately 4 to 8 in 100 at 10 years. These rates are higher in more active people and in patients under 50 years
old. For this reason some surgeons may use different types of prostheses in younger patients.

Patients with osteoporosis, rheumatoid arthritis and neurological disorders may suffer fractures in the bones around the prosthesis, which may require further surgery.

7. **Injury to nerves and blood vessels.** The risk of a nerve or vessel injury is less than 1 in 100 cases after a first replacement but increases in revision operations. Injury may result in paralysis, weakness, numbness or pain in the leg and foot which is usually temporary but may be permanent.

8. **Unequal leg length.** Every effort is made to ensure the legs remain equal length but, following surgery, there may be a difference in length up to 1.5 cm which usually causes no problems with walking. Around 25 per 100 patients may be aware of leg length difference after surgery. If this is bothersome a shoe raise may be required.

9. **Knee swelling and pain.** It is necessary to manipulate the leg during the operation and this may cause some swelling, stiffness and pain in the knee. This usually settles over a few weeks.

**Operation day**

**Your operation**

You must not eat for six hours before your operation - if you do your operation will be cancelled. You can continue to drink water (must only be water) until 5 am unless otherwise advised by the nursing staff. This includes chewing gum.

To go to theatre you will be asked to wear a gown. You may be asked to walk to the anaesthetic room, where you will be met by the Anaesthetist and Theatre Staff. You will be placed on a theatre trolley and they will administer your anaesthetic. After the operation is performed you will be transferred to the recovery room where you will remain until you are properly awake.
At this point you **MAY** be aware of:

1. An oxygen mask.
2. Drip (this provides fluids until you start drinking).
3. Cuff around your arm recording pulse and BP.
4. Dressings over the wound.
5. Drain (this collects excess blood from the knee).
6. Wrist button for pain relief.
7. Trough (A foam support which keeps pressure off your heel).

**After your operation**

You will be transferred from the recovery room to your ward. After your operation do not be too concerned if you cannot immediately move your operated leg. Some nerve blocks which are part of your anaesthetic take a number of hours to wear off. Your physiotherapist will give you specific exercises to do during this time.

Please note that the Trust has a minimal lifting policy. Please help staff as much as you are able by using your arms and unoperated leg to move yourself around the bed.

**Pain**

Individuals experience of pain varies a great deal. It is essential that you have regular and adequate analgesia (painkillers) so that you can begin to move and gain control of your operated limb. Let the nursing staff know how you feel as they can vary your dosage, change analgesics and give anti sickness drugs.
Care of your wound
Following your operation your wound will be covered with a dressing and your knee heavily bandaged. You may have a small tube (a drain) inserted into your leg beside your wound. This will be attached to a bottle which will collect any drainage from your wound.

Your wound may bleed. This is normal and nothing to worry about. If your dressing is clean and dry it will only be changed before you go home.

Compression stockings and foot pumps
You may be supplied with elasticated stockings, which will need to be worn from surgery until 6 weeks postoperatively. They should be worn at all times except whilst being washed; they require washing every 3-4 days by hand or cool machine wash.

Avoid drying next to direct heat, for example hot radiator or tumble drier, as this can shrink the elastic fibres. After the 6 week period, please dispose of them. To help prevent blood clots forming you may also be given foot pumps to wear. These are pads that are applied to the feet and gently squeeze the feet to encourage the blood to circulate around your legs. When you are wearing foot pumps it is important that you call for a nurse to remove them before you get out of bed or stand up from a chair.

Ice Therapy
You may be given ice therapy if you have any swelling/inflammation causing pain. A cuff is wrapped around your knee and filled with iced water from a cooler.

Ask staff to assist you in using the ice therapy until you are familiar with it.
To fill cuff:

- Apply the cuff to your knee.
- Connect blue tube to cuff.
- Open cooler air vent.
- Raise cooler above cuff until it is full.
- Close cooler air vent and disconnect tube.

To empty cuff and re-chill

- Remove cuff from your knee.
- Connect blue tube to cuff.
- Open cooler air vent.
- Lower cooler to floor.
- Completely drain water from cuff.

The ice in the cooler will need replacing once a day.

Once you return home you can continue to use ice therapy by using a bag of frozen peas or similar.

First wrap the ice in a damp towel and place over your knee for 20 minutes. This can be repeated every 2 hours.

Circulatory disorders

N.B. If you suffer from any of the conditions below please speak to your Physiotherapist.

- Circulatory Disorders.
- Fragile skin.
- Loss of skin sensation.

Do not allow your wound to become wet. Protect it with a showerproof dressing or cling film.

Do not put ice or frozen peas directly onto unprotected skin as this may cause an ice burn and damage your skin.
Exercises

Early bed exercises

It is quite safe for you to carry out certain exercises as soon as you wake up from your anaesthetic. The first three should be started as soon as possible.

1. Breathing exercises

Take a deep breath in through your nose. Your stomach should raise. Breathe out through your mouth. Repeat three times every hour you are awake. This may make you cough - this is nothing to worry about.

2. Foot and Ankle exercises

Move your ankles briskly by pointing your feet up and down. Do this for 10 seconds. Repeat every hour you are awake.

*This exercise improves the circulation in the lower limbs, helps to prevent the formation of deep vein thrombosis (blood clots) and reduces swelling.*

3. Knee bracing (static quadriceps) exercises

Lying on your back with legs straight.

Pull your ankle up and push your knee down firmly against the bed. Hold 5 seconds - relax. Repeat 10 times.

*This exercise helps you to regain control of your knee ready for standing and walking. It also helps you to achieve a straight knee.*
4. Knee bending (flexion) on a sliding sheet

Lying down or slightly reclined with a sliding sheet under your heel.

Bend and straighten your knee by sliding your foot up and down the sheet.

Repeat 10 times.

This exercise will improve your knee bend which is important for getting into a car and sitting. Your hamstring muscles will become stronger.

5. Knee extension (inner range quadriceps) exercise

Lying down or slightly reclined with a rolled up blanket under your knee so that it rests in a bent position, lift your foot off the bed whilst keeping your thigh on the blanket; Straighten your knee as fully as possible.

Hold for 5 seconds. Repeat 10 times.

This exercise strengthens your quadriceps (thigh) muscles in preparation for walking and stairs.

6. Straight leg raising

Lying down or slightly reclined. Lock your knee straight as in exercise 3. Lift your whole leg 10cm/4 inches off the bed. Aim to keep your leg absolutely straight.

Hold for 5 seconds. Repeat 10 times.

This exercise challenges your thigh muscles and tests their ability to support you when you are standing.
Further exercises

Your physiotherapist will be happy to assist you with the following exercises on the day after your operation.

When your technique has been checked, add the selected (ticked) exercises to your routine.

You are expected to practise these independently 5 times a day.

It is important that you are available for physiotherapy throughout the day. A portion of your visiting time will inevitably coincide with physiotherapy time. Discuss any special requests with the physiotherapy team and they will be as flexible as possible.

You should continue to do all checked (ticked) exercises at home until you are reviewed at clinic.

7. Knee stretch (posterior capsular) exercise

Lying with leg straight out in front of you, place a folded up towel underneath your heel.

Allow knee to straighten so you feel a stretch behind your knee. Hold for 30 seconds.

This exercise helps to stretch tight muscles at the back of your leg (hamstrings and calf muscles). If they are significantly preventing your knee from straightening, the Physiotherapist will advise you how often to repeat this exercise.
Exercises in the sitting position

By the second day after your operation you will begin to notice improvements in your knee bend, muscle power and walking.

The flexibility and bend of your knee is best achieved as soon as possible.

You may experience an increase in knee stiffness on waking each morning. This is because your knee is less active at night.

You will need to work hard in the morning to achieve the same range of movement you had the previous evening. Aim to improve range throughout the rest of the day.

Your physiotherapist will advise you when to progress to the next set of exercises.

8. Knee bending (flexion) in sitting

Sit on a chair with your feet on the floor. Bend your knee as much as possible.

Repeat 10 times.

This exercise helps your knee to bend. Your goal is to sit comfortably in a chair with your knee at a right angle as soon as possible. A good bend will be needed in the future for stairs and getting up from a chair.

9. Self assisted knee bend exercises

Sitting, cross your legs at the ankles with your good leg on top of the operated leg.

Use the good leg to help bend your operated leg backwards.

Repeat 10 times.
10. Seated lunge exercises

Sitting, bend your operated leg, back as far as you can. Keep your foot flat on the floor and do not allow it to move forwards. Slide your bottom forwards on the chair;

Repeat 10 times.

This will help to bend your knee further.

11. Knee straightening (extension) in sitting

Sitting in a chair lift your leg from the bent position until your knee is as straight as can be.

Hold for 5 seconds. Slowly lower you foot to the floor. Repeat 10 times.

This exercise works your thigh muscle throughout its range.

Exercises in standing

12. Knee bends/Squats

Standing whilst holding onto a stable surface (as shown in the photo). Slowly bend your knees. Keep your heels on the floor. Slowly return to standing by straightening your knees.

Repeat 10 times.

This exercise encourages the muscles around the knee to work together in a smooth and coordinated fashion. It prepares your knee for getting up and down off low chairs and toilets.
Walking

After your operation you will need to use a walking aid for the first 6 weeks. The physiotherapist will show you how to use the walking aid safely and give you advice on your gait (walking pattern).

Always check your standing posture and the position of your operated knee prior to walking.

Walking with a walking frame

For the first day after your operation, you will probably find that you feel more confident using a walking frame especially when walking unsupervised.

The sequence is as follows.

- Move the frame forward.
- Take a small step forward with your operated leg.
- Brace the knee of the operated leg.
- Step through with your other leg whilst using the frame for support.

**N.B.** Do not walk too close to the frame.

Using elbow sticks

Once you are confident with the walking frame you will progress to using elbow sticks.
Walking with sticks:

- Move sticks forward together.
- Step forward so that the operated leg is level with the sticks.
- Place weight as necessary, through your arms onto sticks.
- Brace the thigh of the operated knee.
- Step your other leg forwards past your operated leg.
- After 2 weeks if you feel confident enough to use only one stick in the opposite hand to your operated leg.

Progression of walking

It is advisable to gradually increase the distance walked as able. You will need to use two walking aids for the first 2 weeks, moving on to one when you are comfortable. After 6 weeks you can stop using your walking aid as soon as you feel that you can walk comfortably and normally without it.
Sitting in a chair
When sitting in a chair raise your legs on a footstool for half an hour at a time.

Steps and stairs
Before you go home you will be assessed on steps and stairs with the physiotherapist if required. Go up and down one step at a time until you feel stronger.

You will be taught how to manage stairs, both with and without a handrail. You may also be shown how to hold both sticks in one hand. If you have difficult or unusual steps or stairs inside or outdoors, please inform your physiotherapist.
To go upstairs

- Hold onto handrail if available and use the stick in the opposite hand as usual.
- Place your “good” (unoperated) leg up first.
- The “bad” (operated) leg follows with the help of the stick and rail.

To go downstairs

- Hold onto handrail if available and use the stick in the opposite hand as usual.
- Put the stick down onto the next step to assist the “bad” (operated) leg down first.
- The “good” unoperated leg follows.
Everyday activities

Whilst in hospital the staff aim to help you carry out your normal activities safely until you can manage them independently.

Getting into and out of bed

Staff will assist you into and out of bed within 24 hours of your operation.

Getting out of bed

This will be a lot easier if you have regularly practised your knee exercises. Use your thigh muscles to move your operated leg in stages towards the side of the bed. Do not allow your knee to bend too soon by dropping it over the edge of the bed. Staff will assist your leg to the floor until you can manage independently.

Getting dressed

You will be encouraged to dress in comfortable everyday clothes the day after your operation. Clothes should be cool and loose and allow access to your knee (e.g. shorts and skirts).

Staff will assist you until you can manage independently again.

Getting on and off the toilet

This is the same sequence as getting on and off a chair. (See “to get from sitting to standing” p21). Whilst on the ward, you will have handrails and frames around the toilet to assist you. You may miss this help once you are home. Before you are discharged, practise getting on and off the toilet without extra support, in the same manner as at home. If you are already having difficulty with getting on and off the toilet at home or anticipate any problems, discuss this with the occupational therapist at the knee education group.
Bathing and showering

It is essential to keep your wound dry to reduce the risk of infection. Once it has healed and you no longer require walking aids you may return to your usual regime. Take all usual safety precautions. (For instance use a non slip mat in the bath / shower.) Wait until your muscles are stronger before getting into and out of the bath. You may like to have someone present in the house during your first attempt.

Driving

You should not drive for a minimum of 8 weeks after surgery and until you are able to perform an emergency stop safely. Practising an emergency stop is advisable before venturing onto the road. You will need to tell your insurance company that you have had an operation.

Household tasks

Initially you will require help with household tasks which involve carrying items or kneeling. Kneeling may be uncomfortable for the first few months. Sometimes the scar remains sensitive and not everyone finds it possible to kneel after a knee replacement.

Contents of your cupboards should be arranged so that essential items are within reach without bending or stretching.

Returning to work and hobbies

You should be able to start your normal activities such as gardening or bowling as soon as you no longer require walking aids. This is normally 6 weeks after surgery.

You should not swim before your wound is fully healed.

Discuss your lifestyle and activities with your Consultant at your clinic review at 6 - 12 weeks. They will be happy to advise you on returning to your normal activities.

The time of your return to work will depend on your job. Your Consultant will advise you on this.
Going home

Goals for Discharge
The criteria for discharge from hospital are that you are now:

- Comfortable on oral pain killers (analgesia)
- Able to make progress with your exercises independently
- Able to bend your knee to a right angle (90°) and have good muscle control
- Able to manage transfers independently
- Able to walk independently and manage stairs as necessary
- Have the necessary support at home (See pre admission checklist)

On discharge from hospital you will be given:

- Your medicines to take home.
- An extra pair of compression stockings which you will need to wear for 6 weeks following your operation.

Your GP will receive notification of your operation and discharge from hospital.

Do’s and Don’ts
This section summarises the main things you can do to optimise your new knee.

- Do continue to follow the advice and exercises in this booklet as advised by your physiotherapist
- Do massage the skin around the knee to help the skin become more supple and mobile
- Do use a least 1 walking aid for the first 6 weeks
- Don’t sit in one position for any length of time
- Don’t drive for a minimum of 8 weeks post op
- Don’t sit or lie with anything rolled under your knee as this may cause your knee to stiffen and prevent it from straightening
- Don’t sit or lie with your legs crossed
Outpatient Physiotherapy

On discharge from hospital you will need to continue your exercises 5 times a day at home. Apply an ice pack regularly (as advised by your physiotherapist) and take appropriate pain relief.

Some patients will be referred to their local Physiotherapy department for a follow up appointment.

Clinic Review

A doctor or specialist physiotherapist will assess your progress 6 - 12 weeks after your operation. This is an opportunity to have your questions answered and to discuss your safe return to normal activities.

Expectations and potential problems

This section is not meant to be frightening but it is important to be aware of what should be expected following surgery and how the intended gains need to be balanced against the risks of the operation.

If you, your doctor or practice nurse have concerns about your wound and think you may have an infection do NOT take antibiotics without being seen by an orthopaedic surgeon who is looking after you.

What can you expect?

The aim of having a knee replacement operation is to relieve the arthritic pain felt in your knee while improving or maintaining your ability to function.

Having a knee replacement can be an emotional and physical experience. There may be some days after your operation when you feel a little low and tired. This may continue in the early stages after you are discharged home.

A replacement knee joint is not quite the same as a “normal knee”. Clicking and clunking is normal in the early stages but usually settles over time. This is nothing to worry about and is usually easily ignored after a while.
Early “normal” concerns following surgery

The following is a list of common events that occur following surgery:

- **Swelling**: Swelling in the knee is expected up to 3 months after surgery.
- **Difficulty kneeling**: Kneeling may be uncomfortable following knee replacement surgery.
- **Bruising**: It is usual for bruising to appear down the leg and up into the thigh. Bruising can be surprisingly tender and may take four to six weeks to disappear.
- **Numbness around the knee**: Numbness around the knee scar is common, some residual area of reduced sensation may persist. Usually this does not cause any functional problems.
Notes
NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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