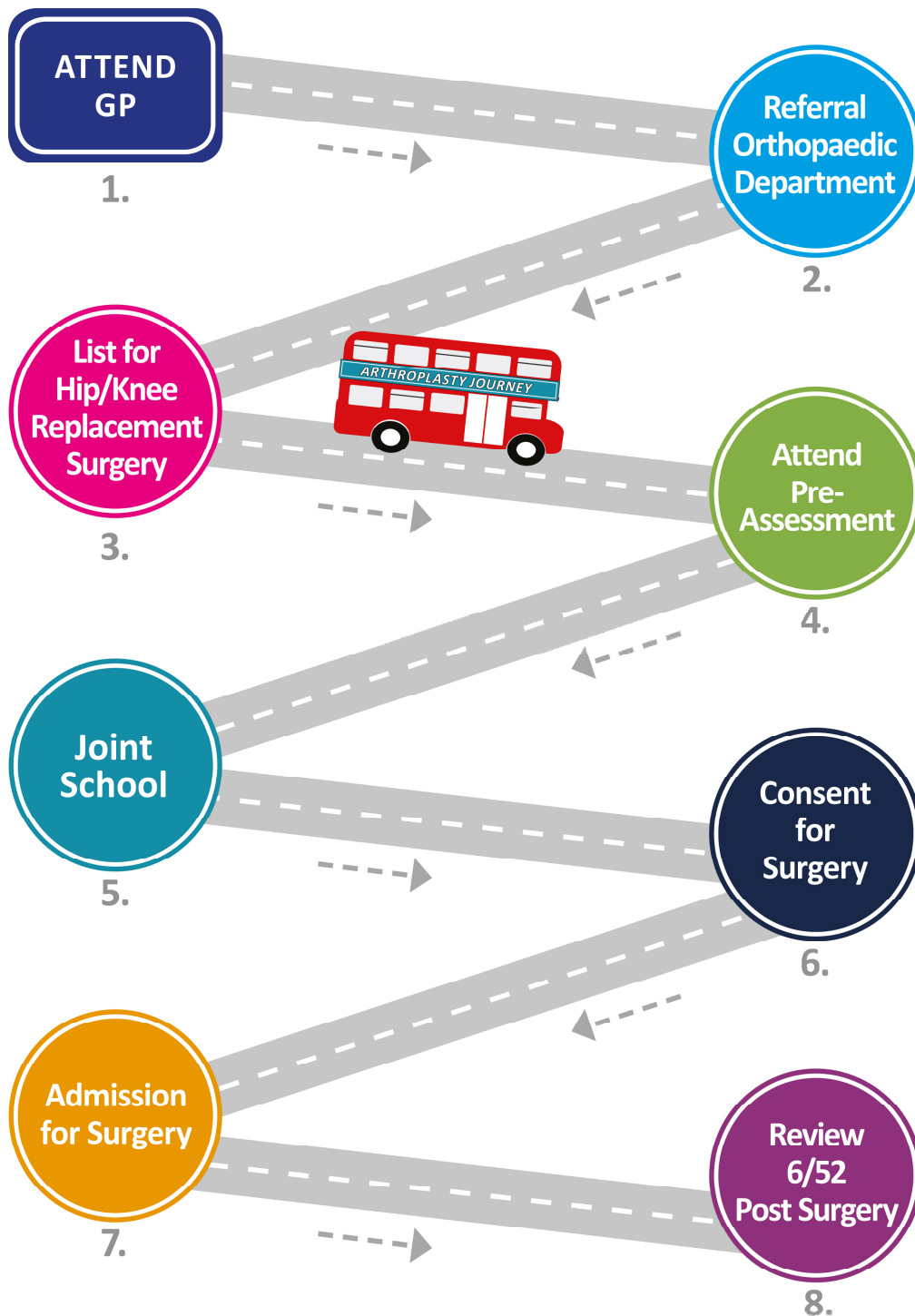


Total Knee Replacement

Patient information book



Please bring this booklet with you when you are attending hospital appointments and when you are admitted.

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1. Introduction

This booklet provides you with information to help you prepare for your surgery with the aim of recovering quickly and reducing your time in hospital.

The booklet is only intended as a guide, since treatment is always planned on an individual basis, so some difference in the detail may occur. Please ask a member of your orthopaedic team if anything remains unclear, or you have any questions or concerns at any point during your stay in hospital or at home.

Please bring this booklet into hospital with you.

You have a very important part to play in your recovery it is essential that you follow the advice given to you.

Patients and health professionals are realising the benefits of a shorter stay in hospital, therefore we will work with you in your recovery to keep your stay as short as possible. Your hospital stay is usually no longer than 3 days you may get home sooner.

**You should make your own transport arrangements to and from hospital.
Ambulances can be arranged for medical reasons only on the
recommendation of the health professionals looking after you.**

Linda Shaw is Deputy Charge Nurse in Orthopaedic Out Patients, you will meet her when you attend Joint School.

Joint school is held in our Therapies Department on
Tuesday at 10.30 a.m.

If you have any concerns before or after your knee replacement you can contact her by using our Arthroplasty Helpline.

Arthroplasty Helpline
(Monday to Friday 9am – 4pm)
01387 241414

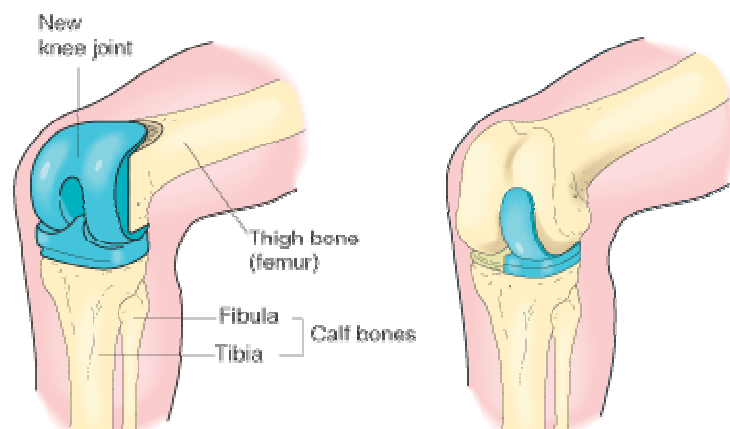
2. Educational Information

A Total Knee Replacement

Total knee replacement is an operation designed to replace a knee joint, which is worn and damaged, usually by arthritis.

The knee joint

- The knee joint is made up of 2 major bones in the leg. The lower end of the thigh bone (called the femur) meets the top of the shin bone (called the tibia). This forms a hinge-like joint, and over the centre of this is the kneecap (called the patella) which is held in place by muscles and tendons. The ends of these bones are covered by a layer of smooth cartilage lubricated by a thick, oily fluid called synovial fluid. To support the joint giving controlled stability there is a series of ligaments holding the ends of the bones together.
- Normal smooth movement of the knee depends on joint stability, smooth joint surfaces and good muscle control. The knee, more than most joints, relies on strong muscles (called quadriceps and hamstrings). So the exercises for these muscles are vitally important when your operation is done.



Total replacement

Partial replacement
(unicondylar)

- A knee replacement (arthroplasty) involves removing damaged cartilage and bone and resurfacing the bone. A metal plate with a plastic insert is put on top of the shin bone (tibia) and a metal plate is put on the bottom of the thigh bone (femur). The capsule around the joint and ligaments are retained and give stability.

Partial knee replacement

- A partial knee replacement resurfaces only the inner or outer half of your knee (which for most people is the inner half, nearest your other leg). This operation can be done through a slightly smaller cut than a total knee operation.

- A partial knee replacement usually means you can move your knees again sooner than after a total knee replacement and you may be able to go home from hospital earlier.
- Whether you are suitable for this type of surgery is dependent on your age, medical condition and the x-ray of your knee. Please ask your surgeon what kind of knee will be used in your case. At this hospital, for routine cases, all knee implants have good long-term results and have not been the subject of adverse comment.

What are the risks?

Infection

All infections must be cleared up before your surgery e.g. tooth abscess, infected toe, urine infections, MRSA. Even minor lesions can cause bacteria to circulate through your body and cause infection. When you attend the Pre-Assessment Clinic please tell the staff if you have symptoms of infection, it might be wise to postpone your surgery until you are infection free. Your GP can treat you for any underlying conditions. You will be screened for MRSA.

All possible steps will be taken to avoid infection. Antibiotics are given around the time of your surgery. In spite of this a small number of patients may develop infection in the early stages. Late infection can occur at any time after you leave the hospital. You can reduce this risk by having an infection treated early. If you have a dental infection, tell your dentist that you have an artificial joint as you should have antibiotics.

All infections are treated with antibiotics and sometimes the infected joints may have to be removed and another joint can usually be inserted later once the infection has cleared. If despite all attempts the infection does not clear salvage procedures may have to be considered (joint fusion/ amputation).

Some studies suggest higher risk of infection in diabetics, immunocompromised state, obesity and smokers.

Blood clots

A blood clot in the veins of the leg or pelvis is called a thrombosis. If this occurs it will be treated. In a very small percentage of cases, however, the clot may break away from the leg veins and travel to the lungs. This is called a "Pulmonary embolism" which in severe cases can be life threatening.

Steps are always taken to reduce the risk of thrombosis or embolism but cannot be eliminated completely.

There are different options to reduce the risk of clots: general (early mobilisation, moving knee/ toes, putting weight on the leg, good hydration), mechanical (You will have stockings fitted to help reduce a blood clot, you will have to wear these for approximately 4 weeks) and medication (injections are commonly used for this, you will be shown how to do this).

The longer you are in bed, the greater the risk of a blood clot forming, which is why we encourage you to get up as soon as possible after your operation. While you are in bed you should do circulatory exercises regularly to prevent the blood flow from becoming sluggish. Your physiotherapist will show you what to do.

Bleeding

Some bruising/ blisters/ bleeding from the wound is normal after surgery. It is very rare for a second operation to be needed to deal with this.

Outcome/ Recovery times

Most patients experience good pain relief following surgery. One year from surgery approximately 10-15% of patients are dissatisfied with the result. Some patients do not achieve the level of movement they hoped for. They are unable to kneel or squat. Recovery time is variable it can range from a few weeks to 1 year. In most cases a steady state is reached 1 year from surgery. Return to work can take between 3-4 months. Approximately 5-10% patients are unable to return to any form of work.

Death

Joint replacement surgery carries a mortality risk of 0.4%. Your surgeon will be more than happy to discuss this further with you.

Numbness

You may be aware of numbness around the wound following knee replacement surgery. This is normal and should not cause any problems or delay in your recovery from your operation.

Swelling

You may find that your knee will swell and feel warm. This is normal however, if pain and redness accompany it, it may be an indication of infection so please report this to your nurse or doctor.

Swelling may last for two or three months, in a few cases the knee always remains slightly larger than a normal joint. Some warmth around the knee is often noted and is due to increased blood flow through the tissues during healing.

Pain

There is pain related to a major operation but modern methods of pain control ensure we are able to keep it to a minimum. Management of pain following your surgery is dealt with later in this section. **Please tell staff if you are in pain during your admission.**

Loosening and wear of the new joint

All joint replacements have a limited life. If you avoid early complications we would expect your new knee to last 10-20 years. Younger patients who are very active will tend to wear out or loosen the joint earlier. Jarring activities also increase the chances that the joint will wear out or loosen. A revision operation can be carried out to replace worn or loose joints, but this is a more complex operation.

Blood transfusion

You need to be aware that there is a small chance that you may require a blood transfusion. This will be avoided if possible, but will be discussed with you if needed.

Blood vessels and nerves

It is very rare for blood vessels and nerves around the new knee to be damaged during surgery. However, if they are damaged a full recovery is usual.

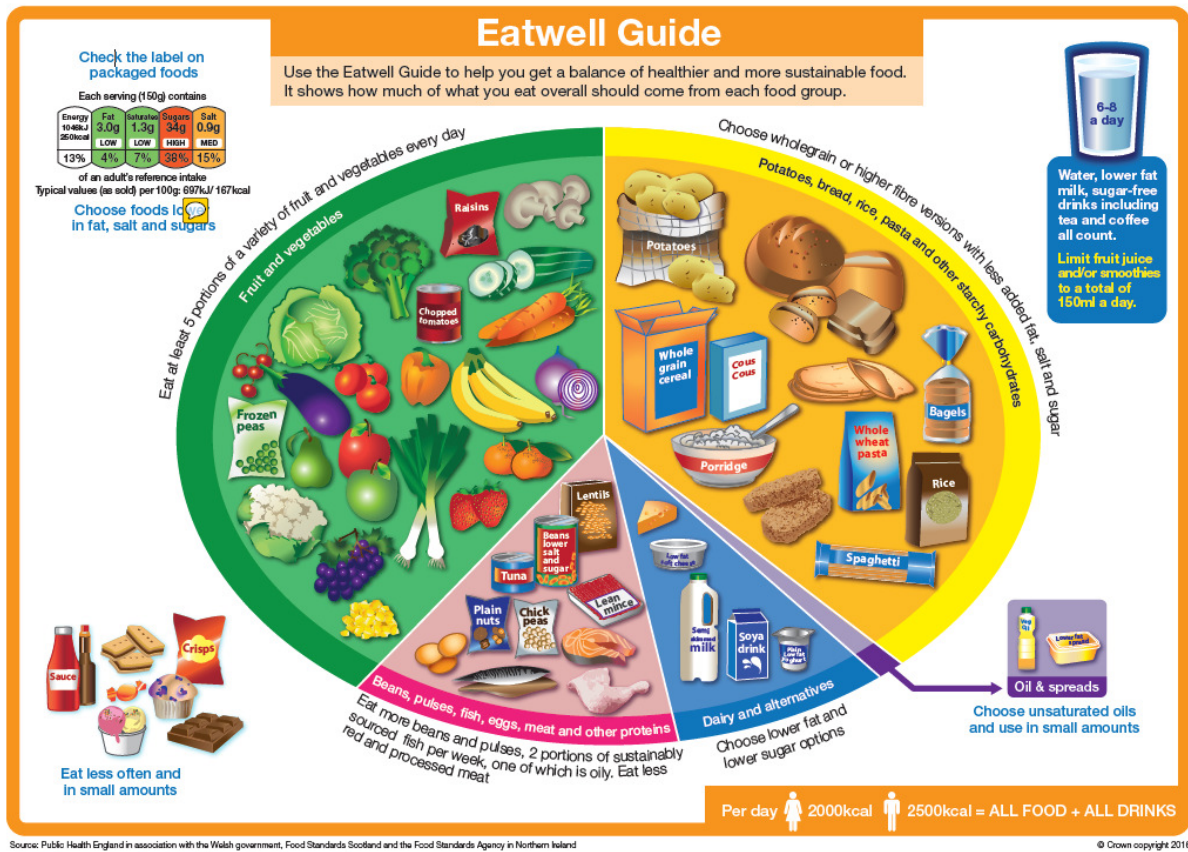
Fractures

There is a reduced risk of fractures during knee replacement surgery.

3. Preparing for your Operation

General health

Ensuring you eat well on the weeks before your surgery should help you recover more quickly. Being well nourished is essential for healing and minimizing your chances of getting an infection. A healthy varied diet is recommended.



Pre-op exercise program

It is important to be as fit as possible before your knee replacement. This will enhance your rehabilitation and recovery. We are going to show you some exercises that you should start completing now and continue to do so until your surgery. You should try and complete the exercise 3 times a day on both legs.

Exercises

1. Ankle pumps
2. Static quads
3. Inner range quads
4. Straight leg raise
5. Lying knee flexion

Please see pages 29 and 30 for pre-op exercise programme.

Pre operative advice

Home situation

After your surgery you will need to change the way in which you carry out some daily activities and may need some help from other people at first.

There are a few simple things you can do before you come into hospital, which might make things easier when you get home again.

Have you house ready for your arrival back home:

- Clean and do the laundry, and put it away. Put clean sheets on the bed.
- In the kitchen in particular, but also throughout your home, put the things you use a lot somewhere between waist and shoulder height so that you do not have to bend down or stretch too much to reach them. In the kitchen consider leaving commonly used items (pans, plates, mugs etc) on the work surface.
- Remove any rugs, loose carpets, objects or hazards that you might trip over or slip on. Make sure there is room to walk from room to room without obstacles getting in your way.
- Following your surgery you will need to intermittently elevate your leg on a footstool to minimise swelling. It would be helpful to arrange a stool at home for this purpose.
- Bring downstairs the things you are going to use a lot during the day.
- Buy a stock of food and other things that you need frequently since you may find shopping difficult when you first go home. Stock up on ready-prepared meals.
- Cut the grass; tend to the garden and other necessary outside work.
- Arrange for someone to collect your post and take care of pets and loved ones if necessary.

Social Support

Consider if it would be helpful to have a friend or relative come and stay for a short time after surgery or you may decide to go and stay with them.

If you are thought to need formal support when you go home a referral can be made to the Short Term Augmented Response Service (STARS) or to Social Work. It is found in many cases that help is only needed for a short period after returning home.

Pre-assessment

At your pre-assessment appointment you will see the pre-assessment nurse and you may see an anaesthetist. Your pre-assessment clinic appointment is an opportunity for you to tell us about your individual needs and circumstances.

You will be given a self-assessment questionnaire to complete for the occupational therapist. This questionnaire will allow us to assess your current needs, and plan how to address your rehabilitation needs after your surgery.

To ensure that you feel well prepared for surgery: -

- Please tell us **what matters to you as we** want to make sure you are treated as an individual and with respect
- Please speak to any member of staff if there is anything you want **us to know**
- Please speak to any of the staff if there is anything you want to ask. Even if you feel it's trivial – **if it's important to you it's important to us.**
- Please speak to any of the **staff** if you have any **concerns or worries** about your operation or any aspect of your care.

The pre-assessment nurse will:

- Assess how fit you are for surgery and anaesthetic to ensure that you will be in the best health prior to your operation.
- Discuss your general health and record your medical history.
- Ask you about your current medication including all prescribed and any other medication that you have purchased and take regularly. This will include tablets, inhalers, creams or eye drops. Please bring a list with you
- Ask if you are a smoker. (If you are a smoker a referral will be made to the Quit Your Way Service. The service will contact you but you have the right to decline).
- Carry out some tests with you e.g. blood pressure, bloods, pulse, weight and height
- Give you the opportunity to discuss operation, anaesthetic, pain control and answer any questions you may have.

The pre-assessment nurse may arrange for an appointment with the Anaesthetist who may need to do some further tests before your operation to assess how safe a general anaesthetic is for you. These tests will allow the healthcare team to decide if there is anything they may need to do differently. The tests will vary from person to person.

Sometimes, after examining you or because of the results of your investigations, the Anaesthetist or nurse may recommend that you are seen by your GP or another specialist to improve your medical condition before surgery. This sometimes happens with people who have high blood pressure, angina, asthma or anaemia which is not well controlled.

Some of your regular medication may need to be stopped prior to surgery but the pre-assessment nurses will advise you on this.

Joint School

As part of your preparation for your surgery you will receive an invitation to attend a group patient education session at Dumfries and Galloway Royal Infirmary. You are encouraged to read through your 'Total Knee Replacement Patient Education Booklet' (this booklet) before the class.

This session aims to provide you with information and equipment to ensure you are prepared for your forthcoming surgery and gives you an opportunity to ask any questions (you may find it helpful to write down any questions that you may have).

Your friends and relatives will form a key element of support and motivation in your preparation and recovery from major surgery therefore we encourage you to bring a friend or a member of your family to attend Joint School with you.

Please note: The Joint School is an essential part of your treatment. It is very important that you attend.

Fasting

You will be required to fast (stop eating) for a period of time before your surgery. This is in order to reduce the risks of complications from being sick during surgery. You will be required to fast for approximately **6 hours**; this will allow sufficient time for your stomach to empty prior to surgery.

You will be encouraged to have clear fluids up until **2 hours** before your surgery. This will help you to stay well hydrated and will make you less likely to be thirsty or suffer from headaches after surgery.

Specific guidelines are outlined below:

	Allowed food until:	Allowed clear fluid until:
If your surgery is in the morning :	12 midnight the night before surgery	06.30am
If your surgery is in the afternoon :	you can have a light breakfast before 06.30am	11.00am

Clear fluids include	Please DO NOT HAVE
Water	Milky drinks (or milk in drinks)
Black tea/coffee	Fizzy drinks
Weak diluted squash	Fruit juices
Flavoured water (non fizzy)	Highly caffeinated drinks

What to bring into hospital

Day and night clothing

Please bring in comfortable loose fitting clothing for during the day as you will be dressed in day clothes from the day following your surgery. Bring in socks and stockings rather than tights. You will need to bring in suitable nightwear and a dressing gown (if you wish) for the duration of your stay (up to 3 days).

Toiletries

Please bring in all the toiletries that you feel you will need for the duration of your stay. A towel will be provided by the hospital.

Footwear

For your stay in the ward you will require good, comfortable flat shoes which will allow for the fact that your foot may swell after your surgery (not backless shoes, e.g. mules).

Medicines

You must bring all your usual medication into hospital with you, which will be locked away in a medicine locker. You must store and bring them in their original containers rather than decant them or bring in single strips. This is so that we can check your dosage instructions and positively identify them as belonging to you.

Entertainment

It is advisable to bring in reading material, personal music player with headphones, money for newspapers, magazines, and confectionary. You may also bring in a personal DVD player with headphones or laptop to watch DVDs.

Free Wifi is available in the hospital (Password – **Publicaccess**).

You must also bring in

- This booklet
- Your walking aids (which you are provided with at Joint School)
- Your advanced directives/living will (if you have made one)

Do not bring valuables

Please avoid bringing valuables with you. You only have a small locker and wardrobe beside your bed. These lockers are not secure, so any valuables that you want to keep in hospital should be given to a member of nursing staff who will ensure that they are sent to the safe in the general office. A receipt will be given to you.

The hospital will not accept responsibility for any jewellery or money items not given to the staff for safe custody, but retained in your possession or on your bedside locker.

4. Admission to Hospital

You will receive a letter giving the date and time of your admission. Please follow the instructions carefully. If you are being admitted on the day of your surgery please have a shower/bath in the morning. Staff at the main reception desk will show you where the Short Stay Unit is.

What happens when you arrive at the hospital?

On Admissions

When you arrive please report to the reception desk in Short Stay. You will be given paperwork and shown to Ward C6.

On the Ward

The **nurse** will check your details and discuss your care with you. He or she will ensure you are ready for your surgery and keep you informed every step of the way.

Your **consultant (surgeon)** or the doctor working for your consultant will see you before your operation. They will mark the side of the leg that is to be operated on with a large black arrow – this is to make sure the correct leg is operated on.

Your **anaesthetist** will discuss the types of anaesthesia available and what would be the best choice for you. He or she will discuss the benefits, risks, any complications and side effects of different types of anaesthesia.

Your Surgery

About an hour before you go to theatre you will be fitted with a stocking, given a theatre gown to wear and you may be given a pre-med. After this you must stay in bed and call for a nurse if you require assistance, if you want to go to the toilet, for example.

The doctor may also visit you again to have a brief chat and answer any questions you may still have.

The staff on the ward will accompany you to theatre. They will either walk with you or take you in a wheel chair. Here you will be met by the nurses in the recovery room who will be looking after you following your surgery. From here you will be taken to the anaesthetic room and then into theatre.

Anaesthesia

During surgery, what does my anaesthetist do?

Your anaesthetist is responsible for your comfort and well being before, during and immediately after your surgical procedure. In the operating room, the anaesthetist looks after your body's vital functions, including heart rate and rhythm, blood pressure, temperature and breathing. The anaesthetist is also responsible for fluid and blood replacement when necessary.

What Types of Anaesthesia are Available?

Spinal Anaesthetic

Local anaesthetic is injected near to the nerves in your back. This makes you go numb from the waist downwards. You will feel no pain and you may even prefer to stay awake, however most patients prefer to have drugs which make you feel calm and drowsy. It is much better for you to have a spinal anaesthetic and your anaesthetist will be in a position to explain the reasons for this.

General Anaesthesia

If for some reason you cannot have a spinal anaesthetic or if you do not want to have a spinal anaesthetic you will have a general anaesthetic. A general anaesthetic gives a state of controlled receive (unconsciousness during which you feel nothing). For this you will be given: -

- Anaesthetic medicines (an injection or breathing gas)
- Strong pain relieving medicines
- Oxygen to breathe
- Sometimes a drug to relax your muscles.

A Combination of Anaesthetics

You can also have a spinal anaesthetic and a general anaesthetic together. But the anaesthetist will be able to discuss the advantages of a spinal anaesthetic with or without light sedation. The advantages include quicker recovery and shorter stay in hospital.

What are the side effects of anaesthesia?

Your anaesthetist will discuss the side effects associated with the different anaesthetic options. Nausea or vomiting may be related to anaesthesia, and medications can be given to treat this. The amount of discomfort you experience will depend on several factors, and the doctors and nurses can relieve pain with medications.

Local Anaesthetic

Local anaesthetic injections into the wound stop painful messages going to the brain. These are carried out at the time of your operation.

What to Expect following Your Surgery

Immediately after your operation

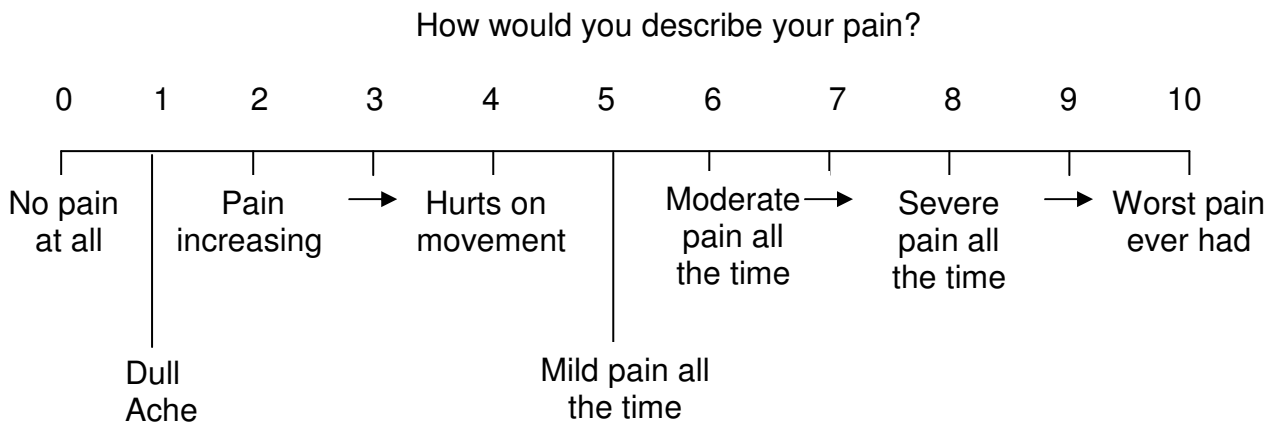
After your surgery you will spend time in the recovery room where you will be looked after by a team of specialist nurses, you will then be transferred back to C6.

Pain Control following Surgery

How is pain assessed?

After your surgery your pain will be assessed regularly. Pain will be measured by using a score and you will be asked to describe where the pain fits on a scale of 0-10

Pain Score



Pain assessment is necessary, to identify, measure and plan your pain relief.

Prevention or early treatment of pain is far more effective than trying to treat established or severe pain – don't wait until it is too late.

How can we reduce your pain?

We use a combination of pain killers and local anaesthetics that numb the nerves carrying the pain messages to your brain. Your anaesthetist will always discuss with you the best methods of pain relief. Pain can be controlled by tablets (see below), local anaesthetic (as described in the types of anaesthetic section) and ice application (as described on page 27).

Tablets

Most patients will be offered painkilling tablets after surgery to keep their discomfort to a minimum. Some of these tablets will be given at regular times during the day as a basic level of pain killer. Stronger painkillers are not given routinely but are always available for you to ask for if you need them.

Effective pain control is achieved by taking painkillers regularly

Please discuss any concerns with the nurses. Good pain relief is necessary for you to complete your exercises. A combination of tablets, local anaesthetic and ice will give you good pain relief. This will help you to recover quickly from your surgery. If your pain is not controlled enough with the above measures you can ask one of the medical or nursing staff who will be more than happy to help.

What are the side effects of pain killers?

These may include nausea and vomiting, constipation, headache, dizziness, feeling sleepy or mild confusion. These side effects can be reduced with anti-sickness drugs, drinking lots of fluids and laxatives. Addiction will not occur as the painkillers are being used to relieve your pain.

Please let the nurses know if you feel any of these side effects.

If you are taking other medications or have had a reaction to a medication in the past please let us know.

Day Zero

Throughout the rest of the day a physiotherapist or nurse will be checking you regularly to see if you are fit enough to get up and be mobile.

You will be encouraged to eat and drink soon after your surgery. This is important as your body needs nourishment to help heal wounds, minimise the risk of infection and generally help your recovery.

The Days Following Your Surgery

The orthopaedic team will continue to monitor your progress. Part of this monitoring will include regular analgesia, observations, blood tests and an x-ray of your new joint before you are discharged.

Occupational Therapy

The occupational therapist will come to see you about managing activities of daily living, for example, washing, dressing, cooking etc and to give advice on the safest way to carry out these tasks.

The occupational therapist will practise with you how to manage your activities of daily living and discuss ways to be as independent as possible during your recovery. They will also discuss with you how to protect your new knee while the surrounding soft tissues are healing.

See pages 19 to 24 for information and advice for managing day to day activities following your surgery.

Physiotherapy

The physiotherapy team will come to see you. You will be given some equipment and you will continue with your exercises that are documented in this booklet. You will be encouraged to have your operated leg elevated on a foot stool intermittently and ice will be applied as appropriate for swelling. Please ask any staff member of for ice (ice can be applied every 2 hours if required, see page 27).

Your mobility will be encouraged with your crutches. You will be shown the safest way to do steps or stairs and given some advice on what to do when you go home.

Please note that visiting times will be interrupted for treatment purposes.

5. Going home: Being Discharged from Hospital

Discharge

In order for you to be considered fit to go home you must be able to:

- **Walk independently with either 2 elbow crutches or 2 sticks**
- **Be able to complete steps or stairs**
- **Bend your knee to at least 80 degrees**
- **Be able to independently lift your leg straight off the bed**

Once you have completed this criteria and been assessed by the occupational therapist and physiotherapist you will be allowed to go home.

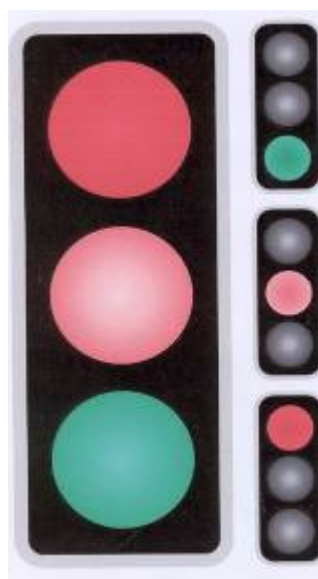
You are normally discharged after 11am. Before you go home you will be given a copy of your discharge letter and a weeks prescription. If you should require further pain killers you should contact your GP before your supply finishes. Your district nurse, or practice nurse at your GP's surgery will remove your clips 10 - 14 days after your surgery. Some patients have stitches under the skin, which do not need to be removed.

Not every patient requires out patient physiotherapy after discharge. You will be required to attend your closest outpatient physiotherapy department if; you are not achieving 80 degree knee bend, struggling with your exercises or require instruction on progressing your walking. Your physiotherapist will inform you before discharge if you will be required to attend an outpatient clinic.

Your Orthopaedic out-patient appointments

You will be sent an appointment to attend the orthopaedic out-patient clinic with your consultant or registrar about 6 weeks after you go home. This is an ideal opportunity to ask any questions you may have (it is a good idea to write your questions down so you don't forget them before coming to the clinic).

Recognising and preventing potential complications



Green: Everything is normal

- Initially your leg will be swollen and there may be some pain, this will improve as you become more active/start to move around.

Amber: Contact your GP now!

- Wound site is red, inflamed or feels hot to the touch (feeling warm is normal).
- Wound is leaking any type of fluid through the dressing.

Red: Go to Emergency Dept. immediately!

- High temperature/fever.
- Swollen, tender or painful calf.
- Shortness of breath when sitting.
- Marked and sudden increase in pain.

6. Your Care and Rehabilitation at Home

It is important to continue with rest periods throughout the day, you need to have a good balance of exercise and rest in order to maximise your rehabilitation. Most patients find that they need to have rest in bed in the afternoons during the first week following surgery. Regularly throughout the day you will need to ensure you elevate your operated leg to minimise swelling and you should continue with regular application of ice for a number of weeks following surgery. (See page 27 for guidelines on using ice).

Pain control at home

It is normal to have pain in your knee when walking and doing the exercise programme. It is essential that you are managing your exercises 3 times a day and if pain is stopping you for achieving this you should continue to take your painkillers as prescribed by the pharmacist or GP. Below is some advice on pain management.

- If you find that you only have pain during exercise you should take prescribed pain medicine 30 minutes before doing your exercises.
- If pain is present throughout the day taking your pain medication at regular intervals can help reduce this. If you are not sure about when or how to take your painkillers for effective pain management you should contact your GP.
- If you feel that your current pain management is not sufficient you **must** discuss this with your GP so as pain does not hinder your exercise programme and subsequently delay your progression.
- Swelling can contribute to pain and stiffness so elevation of the operated leg on a footstool and regular application of ice can help with this.
- Ensure that you have a good balance of rest and exercise.
- Avoiding long periods of sitting in one position can help in reducing the incidence of stiffness and pain in the joint.

Looking after your knee joint

- Do not cross your legs or ankles
- High impact, dangerous or jarring activities are best avoided altogether as they could cause early wear or loosening of the joint.
- Kneeling will be uncomfortable and should be avoided.
- Do not swivel on your operated leg; make sure that you lift your feet, taking small steps as you turn.
- Do not rest with a towel or pillow under the knee joint as it is important to encourage full straightening of the knee. If you find that you are struggling to fully straighten your knee you should ensure you are doing the unsupported knee stretch exercise on page 33 or contact your physiotherapy department if you are concerned.

Caring for yourself at home

The following pages aim to provide you with some general information and advice for managing day to day activities following your new knee joint replacement. You will be given specific advice by the therapists seeing you.

How will I manage personal care tasks after my surgery?

Washing

You must keep your wound dry until it has healed. This is normally 10 - 14 days after your surgery. You may find it easier to strip-wash initially, and it may be helpful to have a chair in the bathroom to rest on. A long handled sponge or loofah may be helpful to wash your back.

Washing and dressing can be difficult in the early days after your operation because of muscle and wound pain. This should get better in time and you should not need to use any dressing aids. You are encouraged to bend your knee when washing and dressing since this activity will supplement the exercises from the physiotherapist.

Bathing/showering

You will find it difficult to step into/get out of a bath for several weeks after your surgery, and are advised not to attempt to use the bath for 6 weeks until your muscles have had a chance to heal. It is also advisable not to use an over-bath shower during this time, unless you have a bath board to allow you to avoid stepping into the bath. Use a walk-in shower if you have one, otherwise continue to have a strip wash.

Use the following technique for getting in and out of the shower:

Getting in:

Stand with your crutches/sticks close to the edge of the shower tray or step.
Step in with your *non-operated* leg first.
Then your *operated* leg.
Bring your crutches/sticks in last.

Getting out:

Place your crutches/sticks out of the shower first.
Then step out with your *operated* leg.
Non-operated leg out last.

Safety tips:

Always use a non-slip mat.
Use soap rather than shower gel to reduce the risk of slipping.

Your occupational therapist will discuss any concerns regarding bathing with you.

Dressing

It is a good idea to sit on a chair or on the side of the bed to get dressed. Loose, comfortable clothes that are easy to fasten, and flat, supportive slip-on shoes which allow for the fact that your feet may swell after the operation are best. You will find it easier to dress your operated side first but undress it last.

Remember to take your time!

How will I manage on/off furniture after my surgery?

Getting onto a chair

If your furniture is too low it can make it difficult for you to stand up from sitting, and make it uncomfortable to sit after knee replacement surgery. You are advised to sit on a firm chair of good height. The top of the cushion should be level with the back of your knees.

- Back up to the chair until you feel it on the back of your legs.
- Place the crutches into the '**H**' position as described on page 33.
- Slide your operated leg forward.
- Place hand on chair and gently lower yourself onto the chair.

To get out of a chair

- Slide yourself forward to the edge of the seat, place your operated leg slightly forwards, place one arm on the chair and your other hand on elbow crutches as described on page 33 '**H**' position and stand up.

Points to Remember:

- A supportive chair with armrests will be easier for you to rise from. Consider if you have an alternative chair of a suitable height if your own chair is too low, or if it is possible to borrow one from family or friends for the first few weeks after your surgery.
- You will need to ensure you elevate your operated leg for part of the day to minimise swelling and you should do this by either elevating your leg on a stool or by lying in bed.
- Avoid sitting in a chair with wheels e.g. office chair
- You may find your knee becomes stiff if you sit for a prolonged period.
- Avoid sitting with your legs crossed, even at the ankles.

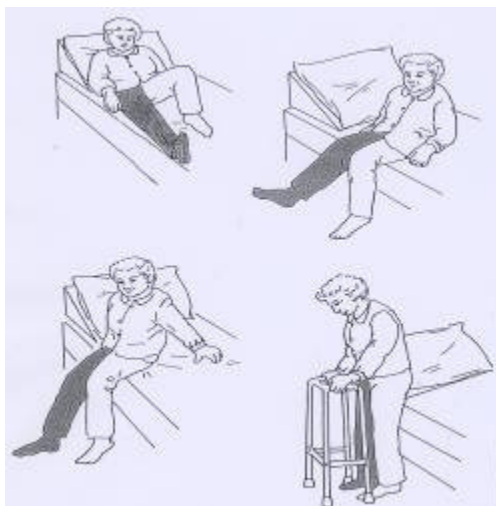
Getting on/off the toilet

Use the same method as noted above to get on/off toilet.

Remember to slide your operated leg in front of you when sitting or rising from the toilet to reduce the strain on your new knee.

If required, your occupational therapist can provide assistive equipment to raise the height of the toilet at home, to make it easier for you to get on/off the toilet during your initial recovery period.

Getting out of bed



- Lying on your back, bend your non-operated leg, and place your foot on the mattress. Use this leg and your arms to move yourself sideways to the edge of the bed.
- Push up with your arms to bring yourself into a sitting position, then lean back slightly on your arms and bring your legs over the edge of the bed.
- Place one hand on the bed and your other hand on elbow crutches as described on page 33 '**H**' position and stand up.

Getting into bed is the reverse procedure.

Points to remember

Ensure that the back of your legs are touching the side of the bed before you sit down.

When getting into bed, slide your bottom back as far as possible onto the mattress, so that your knees are supported, before bringing your legs round onto the bed.

At home make sure you have enough space around the bed so that you do not have to twist to avoid furniture.

How will I manage to prepare meals after my surgery?

If you were able to prepare your own meals before your surgery you should be able to manage when you return home. You may become tired more easily when working in the kitchen so think about how you can conserve your energy. For example:

- Prepare easy meals which require limited preparation, or use ready-prepared meals
- Pace yourself if you are preparing a longer meal.
- Try and position items which you use a lot within easy reach.
- Sit for as many tasks as possible. A high stool is useful so that you can still reach the worktops.

Reaching into a cupboard, fridge, freezer or oven

Make sure that you feel well balanced before you bend or reach for items. You will probably feel restricted by knee stiffness in the early days and this will limit your bending and reaching abilities. Also do not reach into high cupboards to remove heavy items as you may overbalance when you get them out. Ask someone to move items that you use regularly to worktop level, or arrange to do this before you come into hospital to have your kitchen ready for when you return home.

For the first couple of weeks after your surgery, do not attempt to lift hot dishes out of the oven since this requires both hands. It is best to cook on the hob, or use the grill or microwave for the first six weeks, so consider the type of meals you will find easier to prepare during this time.

Moving things around the kitchen

For at least the first two weeks after your surgery you will be using two crutches/sticks when walking. During this time you will find it easier to slide items along the kitchen worktop instead of trying to carry them.

When you need to move items along work surface or table, use the following method:

- Face the direction you want to travel in. This will avoid twisting your knee.
- Put both crutches/sticks into hand furthest from worktop. Push or lift along worktop only as far as your arm can stretch.
- Use both crutches/sticks in the normal manner and walk up to item.
- Continue until you reach your destination.

Alternatively, you may find it easier to discard your crutches or sticks when working in the kitchen, and use the worktop for support. Stand facing the worktop, supporting yourself with both hands. Push or lift items sideways along worktop, no more than arms length (do not overstretch) and side step along to meet it. This keeps your hands free to move items and prepare food. Lean against the worktop for support when standing without your sticks or crutches.

Carrying items from room to room

Consider getting a cup with a sealed lid or small flask to allow you to carry drinks safely from the kitchen whilst you still require to, use two crutches/sticks when walking. Place the cup or flask in a polybag and place handles of the bag over the handle of your crutch/stick. You may find it easier to carry items in a bag that you can wear across your body, or wear clothing with large pockets that you can carry things in.

How will I manage domestic and household tasks after my surgery?

Housework

Avoid **heavy** housework, such as hoovering, stripping beds or moving furniture for six weeks after your surgery. Return to light housework when you feel able.

Operating your heating system

If you live alone and are concerned that you will be unable to operate your heating system because it is a coal fire or has controls that are difficult to reach, consider what alternative forms of heating you could use during the initial few weeks after your surgery.

Laundry

You should be able to deal with light items of laundry but you may need help with bulky items, such as towels and bed linen. If you do not have a tumble dryer think about where you could safely dry laundry whilst you are using crutches or sticks.

Private agencies can assist with housework and laundry if you feel unable to manage. Social Services or your Occupational Therapist can provide you with contact details for local agencies if required.

Shopping

Consider having shopping delivered initially when you return home, or ask friends or family to assist. Most major supermarkets offer an 'online' store which will deliver to your home for a small charge. Information on the 'Food Train' service within Dumfries and Galloway is also provided at the back of this booklet.

When doing your own shopping remember that you will be walking with either two crutches or sticks. Do not attempt to lift heavy bags. Consider using a small backpack or a bag you can sling across your body.

Your occupational therapist can give advice about help with shopping and other housework tasks if you have concerns.

Travelling in a car as a passenger



By the time you leave hospital you should be able to travel as a passenger in an ordinary saloon car. You will find it difficult to get in and out of four wheel drive vehicles and low sport cars, and these are best avoided for the first 6 to 8 weeks after surgery. To get in or out of a car, place the front seat as far back as it will go and angle the back so it is partially reclined.

It is safer to avoid getting in and out of a car from a kerb. Find a level surface that makes the car a better height for you such as the road or driveway.

A cushion on the seat will make it a little higher and some people find a plastic bag on the seat can make it easier to slide back onto the seat and swivel round. Make sure that you remove the plastic bag prior to the car moving.

To get into a car:

- Place the front seat as far back as it will go and angle the back so it is partially reclined. Depending on the length of your legs you may need to fully recline the backrest so it rests on the back seat.
- Turn your back to the seat, so the backs of your legs are against the sill.
- Remove your crutches and then gently lower yourself onto the seat, holding onto the door arch and seat base or dashboard for support.
- Slide your bottom back on the seat, using your non-operated leg and hands to push yourself backwards towards the handbrake, and bring your legs in carefully. With the backrest in a lowered position you may find it easier to 'sit' on the backrest to bring your legs safely into the footwell.
- Once you are in the car the backrest can then be adjusted to a comfortable position.

To get out of the car do the same in reverse

Post-operative progression of activities

Once at home you should continue your exercise programme completing your exercises 3 times a day and you should gradually increase your walking distance.

First 2 weeks

- Continue to walk with your 2 sticks/crutches.
- Slowly increase distance you are walking daily.
- Continue to do your knee exercises three times a day

Weeks 3 and 4

- Achieve week 1-2 goals.
- Gradually resume household activities.
- Try and increase knee bend.
- Wean from 2 walking aids to 1.
- Try and complete stair climbing more than once daily (if applicable)
- You may begin static cycling if your knee bend will allow this.
- You may begin swimming when your wound is healed and you feel confident enough to enter the swimming pool. It is advisable to avoid breaststroke at this stage.

Weeks 5 and 6

- Achieve weeks 3 + 4 goals.
- Wean from 1 walking aid to independent.
- Walk ¼ mile to ½ mile daily.
- Static cycling.
- Swimming, avoiding breaststroke.
- Continue to progress exercises to phase 2 only if you are achieving the relevant progression criteria

Weeks 7 to 12

- Walk without your stick or crutches and without a limp.
- Complete stairs normally with foot over foot technique.
- Walk up to one mile daily.
- Improve strength.
- Return to driving if appropriate.
- If you are not achieving phase 2 exercises you should contact your physiotherapist. If you are not achieving a knee bend of 90 degrees, or not able to fully straighten your leg please contact your physiotherapist.

If you are not managing all the exercises or are worrying about your walking pattern you should contact your physiotherapist.

7. Your Future

Do's and Don'ts

Following surgery you should be able to have a near normal lifestyle, however you must take responsibility for looking after your new knee, and if you respect your new knee it is likely to last longer. It is important that you gradually return to your previous level of activity; however some activities are best avoided for a limited time after your surgery to allow healing of the soft tissues around the joint.

Once you have completed your rehabilitation programme which will take approximately 12 weeks you are encouraged to return to your previous level of activity. Once recovery is complete many activities will become less difficult and you should consider resuming activities and hobbies that you may not have been able to do while waiting for surgery.

You may however need to alter how you do things, in order to ensure safety and reduce discomfort.

This section provides you with information regarding some basic activities. You may need to discuss individual requirements with your therapist.

Walking

You may return your walking aids (unless you have wooden sticks as they are single patient use) once you are walking without a limp and feel confident and comfortable to do so, but no earlier than 2 weeks after your surgery. You may need to use at least one walking aid if you are outdoors, for long distances and on rough or uneven ground.

Stairs

Continue to use the method of stair climbing taught to you by your physiotherapist until you are walking with no aids. When you feel confident and comfortable to do so, you can progress to normal stair climbing. You should be climbing stairs normally one foot over the other by 12 weeks.

Kneeling

We do not advise kneeling and definitely not for long periods directly onto the operated knee. Try to use a kneeler or stool instead. If you have to kneel you should kneel onto the operated leg first. Get up on non-operated leg first (let the non-operated leg take the strain). Avoid kneeling for the first 12 weeks post op.

Public transport

You are likely to find it difficult to step up into a bus or any other vehicle with a high step. When you return to travelling on public transport try to ensure that you have enough leg room for comfort. You should not go on a long haul flight (over 4 hours) until 12 weeks after your surgery.

Driving

You are advised not to return to driving before your first out-patient follow-up appointment. Your consultant will then advise you when you can return to driving. This depends on number of factors, such as which leg is involved i.e. accelerator or clutch and leg position, and whether your car is an automatic or manual.

Contact the DVLA and your insurance company to check that you are covered as a result of your surgery.

When you feel confident to return to driving, have a trial run without the engine on. Try out all controls and go through the emergency stop procedure. Start with short journeys and when you do a long trip stop regularly to get out and stand up and stretch.

Work

You will need to provide your employer with a fit note from your GP after 7 days of absence. A fit note must be signed by your GP. On the fit note, your GP can advise that: you are 'not fit for work' or that you 'may be fit for work'.

Returning to work

You are advised not to return to work before your orthopaedic out-patients appointment. If you are required to go back to work you must consider what aspect may be difficult and may have to be adapted in the short term. After a period of absence from work you **may** need to have an appointment with your employer's occupational health department. They will discuss the aspects of your role and when you should return to your normal duties, please ask a member of the team for advice.

Sport

Resume sport gradually but you must avoid contact sport. Impact sports such as running and singles tennis put a large load on the joint and are not recommended. If golfing, avoid full swing until 12 weeks after your surgery. If cycling you should take care when getting on and off the bike.

Swimming

You will need to wait until your wound has healed and the sutures have been removed before you can go swimming, this is normally around 2 weeks. You are advised to begin with some gentle warm water exercise sessions, then progress to moderate swimming avoiding breast stroke legs. You are advised to wait 12 weeks before beginning serious swimming, and breast stroke can be introduced if you feel comfortable doing so. It is sensible to avoid swimming in the sea as you cannot be sure of your footing and may injure the operated leg.

Gardening

Avoid gardening for the first 6 weeks then check with your consultant thereafter. It is not recommended to kneel whilst gardening so purchasing a kneeler would be recommended. You must take care not to twist on your new knee and heavy digging should be avoided for at least 12 weeks following your surgery. Some people find that long handled tools are very useful when first returning to gardening. You should start off slowly and for short periods of time and gradually build from this.

8. Frequently Asked Questions

Why have I still got swelling?

Healing tissues tend to be more swollen than normal tissue and this swelling surrounding your knee may last several months. Ankle swelling is due to the fact that each time we take a step the calf muscles contract and help pump back blood to the heart. If you are not putting full weight on the leg, the pump is not as effective and fluid builds up around the ankle. By the end of the day many people complain their ankle is more swollen.

What can I do about it?

When sitting the ankle pump exercises work the calf muscles and help pump the fluid away. When walking try to put equal weight through each leg and push off from your toes on each step (unless you are told different post op). Have a rest on the bed after lunch for 1 hour. You can use pillows **lengthways** under your leg whilst resting. Ice application can be used to reduce swelling.

What are the guidelines for using ice?

Place ice cubes into a plastic bag or use a bag of peas (you can refreeze the peas and use them again to ice your knee but do not consume them). Wrap bag of ice/peas in a damp towel. Apply ice to your knee for 15 minutes. Check skin regularly as ice can burn. Ice can be reapplied every 2 hours, or as directed by your physiotherapist.

Why is my scar warm?

Even when the scar has healed there is still healing going on within the knee. This healing process generates heat, which can be felt on the surface. This may continue for up to 6 months. This is different warmth to that of an infection.

Why do I stiffen up?

Most people notice that whilst they are moving around they feel quite mobile. After sitting down the knee feels stiff when they stand and they need to take 3 or 4 steps before it loosens up. This is because those healing tissues are still swollen and are slower to respond than normal tissue.

Is it normal to have disturbed sleep?

It is common to have unsettled nights after your surgery, very few people will be able to sleep through the night even at 6 weeks. The discomfort that wakes you is due to stiffness, just as when you have been sitting for longer periods. Many people will find it difficult to sleep on their back, so this can be a cause of disturbed sleep. When you feel comfortable you may be able to sleep on your side but most people find it helpful to place a pillow between their legs for comfort.

Is it normal to have a numb patch?

Numbness around the incision is due to small superficial nerves being disrupted during surgery. The patch usually gets smaller but there may be a permanent small area of numbness.

Why do I get pain lower down my leg?

The tissues take time to settle and referred pain into the shin or behind the knee is quite common.

My knee seems to click at times, is this normal?

It is normal for the knee to click and this is usually a sign that the swollen tissues are moving over each other differently than before. This should improve as the healing continues.

When can I stop using my crutches or sticks?

You should only discontinue using your walking aids when you feel you can walk as well without them. You should use 2 walking aids for the first 2 weeks following surgery to allow the knee mechanism to begin to heal, you are allowed to wean off your walking aids after 2 weeks. It is better to use a crutch or stick if you still have a limp so that you don't get into a poor walking pattern which will be hard to change. If you walk with a limp, this will put extra strain on your other joints especially your back and other leg. It is common for people to use 1 crutch or stick for outdoor walking for up to 4 months following their operation. You should remember to progress from your 2 walking aids to 1 walking aid which you should hold in the opposite hand to your operated leg, then to independent.

How far am I allowed to walk, and can I walk on uneven ground?

This will vary depending on your fitness levels before your surgery. You should feel tired but not exhausted when you return from your walk, you will feel slight pain in the knee from the muscles working harder but not severe pain. You need to be aware of how your knee feels and gauge what is right for yourself. If you suffer from pain in the knee for a long time following your activity you have done too much and should reduce this for the next time. Gradually build up your distance and speed over the following weeks and begin to introduce inclines when you feel comfortable. Walking on uneven ground is not advised as this may put too much strain on your knee and you may suffer a twisting injury if you step wrong.

Will I set off the scanner at an airport?

If your joint is made of titanium there will not be a problem with the scanner (according to BAA 2005). However if your joint is stainless steel then it may set the scanner off. In this case you will need to advise the security staff of your situation. You will be able to take metal walking aids on to the plane but they will be x-rayed first.

I feel like I have hit a plateau and I am not getting any better, will I get better?

It is common that people will feel like they are not getting any better but it can take 9 to 12 months to fully recover from your surgery. You may find that you have to adapt the way you do things for a while and it may take a while before you are back to your normal activities. Physiotherapy advice is available if you have any concerns.

Sexual intercourse

For many people being able to have sex again is an important milestone in their recovery. There are no set rules or times about when it's safe to do so other than whether it feels ok to you – treat it like any other physical activity and build up gradually. In the absence of pain or advice on the contrary from your consultant, you should wait 6 to 8 weeks after your surgery before having sex. It may be necessary to assume a different position to participate safely. Please ask your consultant, therapist or a member of the nursing team for advice if required.

Are there things that I will never be able to do following my surgery?

High impact, high risk sports are not allowed as this would put too much stress on your knee joint and they may increase the risk of fractures around the prosthesis.

Physiotherapy Exercises - please complete your exercises 3 times per day working up to 10 repetitions of each exercise unless otherwise stated

Post-op exercises

Phase 1: First 4 weeks

Ankle Pumps



Lying on your back or sitting.

Bend and straighten your ankles briskly. If you keep your knees straight during the exercise you will stretch your calf muscles.

Static Quads



Lying on your back with legs straight.

Bend your ankles and push your knees down firmly against the bed. Hold 5 seconds and relax.

Inner Range Quads



Lying on your back. Bend the non-operated leg and place your foot on the bed, put a rolled up towel under the **operated leg**.

Exercise your operated leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the towel). Hold approx 5 seconds and slowly relax.

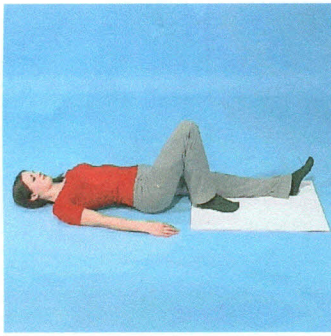
Straight Leg Raise



Lying on your back with your operated leg straight and the other leg bent.

Exercise your straight operated leg by pulling the toes up, straightening the knee and lifting the leg 20 cm off the bed. Hold approx 5 seconds and slowly relax.

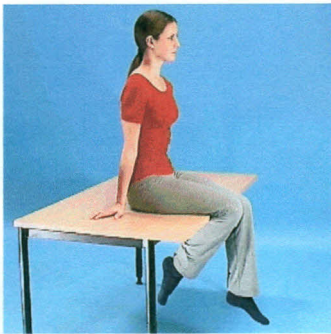
Lying Knee Flexion



Lying on your back with a sliding board under your operated leg.

Bend and straighten your hip and knee as far as you can by sliding your foot up and down the board

Seated Assisted Knee Flexion



Cross your ankles your non-operated leg should be on top. Push your non-operated leg on your operated leg to bend your knee as far as you can. Hold for 20 seconds then relax.

Up to 3 repetitions.

Unsupported Knee Stretch



Sitting on a chair, with the operated leg supported on a chair as shown. Ensure your operated knee is not supported by the chair

Let your leg straighten in this position for 30 to 60 seconds.

Up to 3 repetitions

Exercise Progression Criteria

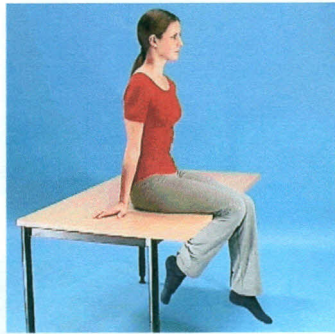
To progress to phase 2 you must:

- Be at least 14 days post op.
- Be walking with 1 walking aid.
- Have adequate pain control whilst doing all phase 1 exercises.

Physiotherapy Exercises - please complete your exercises 3 times per day working up to 10 repetitions of each exercise unless otherwise stated

Phase 2: Weeks 5 - 12

Seated Assisted Knee Flexion



As phase 1, but push the operated leg forward and at the same time push the non-operated leg back, hold for 20 seconds and as you relax press the operated leg further under the chair.
Up to 3 repetitions

Unsupported Knee Stretch

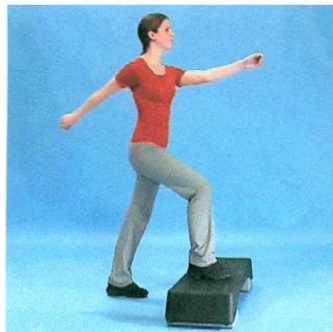


Sitting on a chair, with the operated leg supported on a chair as shown. Ensure your operated knee is not supported by the chair.

Let your leg straighten in this position for 1 to 3 minutes.

1 repetition only

Step Ups



Stand in front of a 20 - 40 cm step.

Step up onto the step with your operated leg leading, then step down (use handrail or one walking aid).

Seated Knee Bend & Straighten



Sit on a chair.

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold approx 5 seconds and slowly relax your leg.
To make the exercise harder put a weight around your ankle.

Supported/unsupported Single Leg Standing



Hold on to a support with **both hands** and lift the non-operated leg, hold as long as comfortable up to 1 minute.

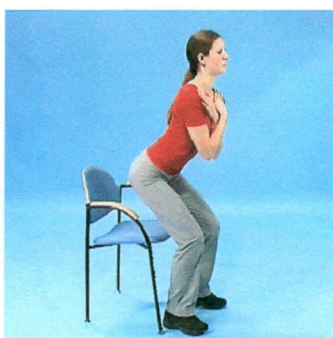
To progress

Hold on to a support with one hand and lift the non-operated leg, hold as long as comfortable for up to 1 minute.

To progress try without holding onto a support.

Up to 3 repetitions.

Sit to Stand



Sitting on a chair.

Stand up and then sit down slowly (This can be made easier by using the arms of the chair. To make it more difficult, cross your arms).

How to use your Elbow Crutches safely.

Using Crutches

Please use your crutches as advised by staff. Once your crutches have been set up there should be no reason for you to adjust them.

Standing from Sitting



Place the crutches into the '**H**' position. Then place one hand onto both handles and stand up. Once standing, place each hand through the cuffs of the crutches and hold the handles (handles face forward).

For stability in standing, each crutch should be slightly in front and out to the side of your feet



Sitting from Standing

Take each arm out of the crutches and place them in the 'H' position and hold with one hand. Once you feel balanced, reach back for the arm of the chair with your free hand. In a slow and controlled manner, lower yourself into a sitting position.

Walking

Using 2 elbow crutches

You may either:

- place two elbow crutches forwards
- step forward with affected leg
- step through with other leg

or

Put one elbow crutch forward at a time followed by the opposite leg.

Using 1 elbow crutch

If using one elbow crutch it should be used in the opposite hand from your affected leg.

On stairs

Only perform stair climbing if you have been taught the correct technique. Where possible use a handrail, and hold both crutches in the other hand

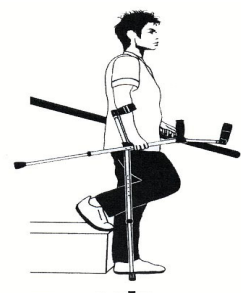
Going up

1. Unaffected leg
2. Affected leg
3. Crutch



Going Down

1. Crutch
2. Affected leg
3. Unaffected leg



How to use your Walking Stick safely

Using Sticks

If you have been issued with walking sticks by a physiotherapist they will be measured to suit your height.

Walking

Using 2 Sticks

You may either:

- place two sticks forwards
- step forward with affected leg
- step through with other leg

or

Put one stick forward at a time followed by the opposite leg.

Using 1 Stick

If using one stick it should be used in the opposite hand from your affected leg.

On stairs

Only perform stair climbing if you have been taught the correct technique. Where possible use a handrail, and hold both sticks in the other hand.

Going up

Use banister if available

1. Unaffected leg
2. Affected leg
3. Stick

Going Down

1. Stick
2. Affected leg
3. Unaffected leg

Care and maintenance of your crutches & sticks

Crutches

Regularly check that the: -

- ◆ Spring clips are located into both holes.
- ◆ Tubing is not cracked or damaged.
- ◆ The holes on the adjustment legs are round and not worn to an oval shape.
- ◆ Do not store in sub zero temperatures

Sticks

Regularly check that the: -

- ◆ Rubber tips are not worn to the point where no tread is showing.
- ◆ Ensure that there are no splits in the wood.
- ◆ Soapy warm water can be used for cleaning. **Do not use bleach or any solvents.**

If stick is metal check:

- ◆ The handle is not loose
- ◆ Check the holes on the tube that allow adjustment are not enlarged.
- ◆ Check metal tubing is not misshapen or damaged
- ◆ Do not store in sub zero temperatures

After you have finished using your crutches & metal stick(s) please return them to your nearest physiotherapy department.

Wooden sticks are single patient use and should not be returned NHS Dumfries & Galloway.

10. Useful telephone numbers / contacts

Arthroplasty Helpline (Monday to Friday 9am – 4pm)	01387 241414
Dumfries and Galloway Royal Infirmary	01387 246246
Orthopaedic Out-Patients Appointments	01387 241385
Ward C6	01387 241586
Orthopaedic Secretaries	01387 241355
Pre-assessment Clinic	01387 241366
Physiotherapy Department (D&GRI)	01387 241022
Occupational Therapy Department	01387 241022
Integrated Community Equipment Service	01387 244406

The Food Train Service Dumfries and Galloway

For help with shopping and small jobs around the house.

www.thefoodtrain.co.uk

Dumfries Area	01387 270800
Stranraer & Rhins Area	01776 704831
Newton Stewart & Machars Area	01671 401346
Annandale & Eskdale Area	01461 207778
Stewartry Area	01556 288427
Mid & Upper Nithsdale Area	01387 270800

Carer Information

You may wish to know where you can get information and support, or how to contact a support group:

The Dumfries and Galloway Carers Centre

2/6 Nith Street

Dumfries

DG1 2PW

www.dgalcarers.co.uk

01387 248600

The Dumfries and Galloway Carers Centre provides information, advice and support for carers and young carers.

Carers Scotland
www.carersuk.org/scotland

0808 808 7777

Carers Scotland provides information and advice to carers on all aspects of caring.

Crossroads: Care for the Carer

Newton Stewart and Machars Area
Stewarty Area
Mid and Upper Nithsdale
Dumfries and Lower Nithsdale
Annan and Eskdale

01988 402003
01557 331638
01659 50005
01387 248686
01461 204240

www.crossroads-scotland.co.uk

Crossroads provides practical support to carers.

Dumfries and Galloway Council

Information about help with Social Care is available online or by phoning 030 3333 3001
Monday to Friday 9am – 5 pm.

www.dumgal.gov.uk/article/15253/social-work-offices

Other useful contacts

Arthritis Research Campaign (ARC)

0870 850 5000

www.arc.org.uk

Arthritis Research UK

0800 5200 520

Arthritis Research UK provides information on all aspects of arthritis.

www.arthritisresearchuk.org

Versus Arthritis

0141 954 7776

www.versusarthritis.org

Arthritis Care exists to support people with arthritis. They are the UK's largest charity working with and for all people who have arthritis. Local branch hold meetings at 2.00pm in The Usual Place, Academy Street, Dumfries on the first Monday of the month (Sept – May).

Meetings are social events which include entertainment, talks on various subjects and occasional excursions.

NHSinform – Health Information you can trust

0800 224488

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Notes

Please use this blank space to write down any questions you have about your knee replacement or any notes you wish to make.

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