



Preparing for a knee replacement operation

What is a knee replacement?

A knee replacement is an operation in which your knee joint is replaced with an artificial joint.

What type of anaesthetic will I have?

There are two main types of anaesthetic given for this type of surgery:

- **general anaesthetic** – anaesthetic drugs make you unconscious, so you are completely unaware throughout your operation.
- **spinal anaesthetic** – the lower half of your body is numbed by an injection in your lower back. This can be given alone, with sedation (medicine to relax you) or in addition to a general anaesthetic to help with pain relief after the operation.



A nerve block might also be used to reduce pain after surgery.

Your anaesthetist will discuss with you the best option for you based on your health, age and existing medical conditions.




How long will I stay in hospital for?

Most people stay in hospital for three to five days after knee replacement surgery.

Before the operation

- Consider what you can do to improve your health before the operation. Stopping smoking, reducing alcohol consumption, eating more healthily and exercising have all been shown to help patients recover more quickly after surgery. Ask your GP practice about lifestyle support available to you. 
- If you have existing medical conditions (eg diabetes, high blood pressure, chest or heart disease) check with your GP, well ahead of your surgery, that your medication is up to date and as effective as it can be. This can help prevent delays to your surgery and give you the best chance of your operation and recovery going well.
- It is important to try and stay as active as you can to maintain or even improve the strength in the muscles around your knee. This will help support your new joint and help you return to normal activity more quickly after surgery. 

Preparing for surgery | Knee replacement

- You should take your normal medication to the hospital with you. The staff will advise you on how to take it on the day of the operation. Check you have enough medication to last you during your recovery.
- It is normal to feel anxious about an operation. To help you relax before and after your surgery think about bringing some headphones and music with you, or something to read. Consider learning some breathing exercises or relaxation techniques.
- On the morning of surgery (or the evening before) you should have a bath or shower. You will usually be given an antiseptic to wash with to help reduce the risk of infection. 
- Do not shave your leg; the surgeons will do this for you if necessary.
- The hospital will advise you on when to stop drinking and eating (the day of the operation). If you drink plenty of water before this time, you will certainly feel better and may even reduce complications.
- Make sure you have some over-the-counter painkillers available at home. The hospital will advise you on how to take these. Ice packs are also helpful to reduce swelling and discomfort after the operation.
- Think about how you will manage at home after the operation. It will be difficult for you to climb stairs afterwards and you will require crutches or a frame to walk for a time. It may be useful to rearrange your furniture and consider where you plan to sleep. You may be able to arrange to borrow mobility aids from the hospital or some charities, such as the British Red Cross.
- It might help to plan some easy-to-prepare meals or frozen meals for when you come home after your operation. Think also about fruit and nutritious snacks to help your recovery. 
- When you return home it is helpful if family or friends can stay with you to start with or call round regularly. Discuss with them any help you might need after the operation.
- You won't be able to drive for at least six to eight weeks after the operation, so you may need to make arrangements with friends and family for any transport you might need or help with your shopping. 

After the operation

- You will have a fairly long scar over the front of your knee. You'll have a large dressing around your knee to protect the wound for several days.
- At the end of the operation, your surgeon may place a drain (a thin plastic tube connected to a container) in your knee to collect fluid or blood from the joint. This will be removed on the ward after one or two days when it is no longer needed.
- You will have regular painkillers to take by mouth and some stronger pain relief will be available if you need it. In some hospitals you may be given a **Patient Controlled Analgesia (PCA)** pump for the first couple of days. This is a machine with a button connected to a drip that you can press to safely give yourself doses of a strong painkiller.

Preparing for surgery | Knee replacement

- To help prevent blood clots in your legs, a small machine may gently squeeze your legs until you are mobile and can wear compression stockings. You will usually be given drugs to thin your blood whilst you are in hospital and later at home.
- A physiotherapist will give you regular exercises to do to help you regain movement. They will help you get up and out of bed, usually on the day after your operation.
- It is normal to have swelling in your knee and the lower half of your leg for some days afterwards. This will gradually reduce as you start moving around again.

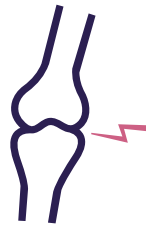
Research has shown that in the day following knee replacement surgery:*



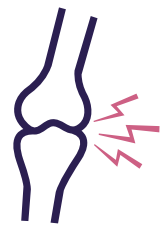
just over half
of patients
reported feeling
drowsy



1 in 3
patients reported
feeling thirsty



1 in 4
patients had
moderate pain



1 in 7
patients had
severe pain

*Walker EMK et al. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. *Br J Anaesth* 2016;**117**:758–766.

Recovering at home

- It is important to regularly do the exercises that the physiotherapist will give you once you are home.
- The hospital may also give you stockings and medication to prevent blood clots after surgery. Please follow the instructions closely. Regular leg exercise will help reduce your risk as you recover.
- The swelling in your knee may take several months to disappear completely. To help reduce the swelling, it is important to keep your leg up when resting and sitting down during the day. Most people are able to walk without crutches or a frame after about six weeks.
- Your nurse will give you instructions about when to arrange for any stitches or clips on your wound to be taken out at your GP practice.
- If you experience discomfort, take painkillers as instructed by the hospital and use ice packs regularly. If you have diabetes please ask for guidance as ice could lead to skin damage if your sensation is poor.

- Some painkillers can cause constipation. It is important to eat fruit and vegetables and drink plenty of water (up to 2 litres a day) to try and keep your bowels moving normally. To start with you may not feel like full meals. Do keep up your calorie intake to give your body the energy it needs to heal.
- Once you go home it is best to stick to your normal routine as much as possible. Try to get up and dressed every morning. You will, however, feel tired and will need to rest during the day. This is normal.
- As well as practical help, family and friends can offer you company. They can also help motivate you to do the exercises and walking, especially if you are finding things difficult. Your physiotherapist or occupational therapist will assess you whilst you are in hospital to see whether there is additional help they can give you at home.
- Discuss with your physiotherapist or surgeon when you might be able to drive again. You will need to be able to bend your knee enough to get in and out of the car, control the car safely without pain and do an emergency stop. You will need to let your insurance company know about the surgery before you start driving again.
- Depending on your job, you may be able to return to work 6–12 weeks after your operation. The hospital will give you a fit (sick) note to cover you for this period – check you have this before you leave hospital. Speak with your employer or their occupational health team. They should be able to change your hours or duties so you will not be on your feet for too long to start with. You shouldn't kneel on your knee until your surgeon advises it is safe to do so.

Things to look out for at home

You should contact your GP or the hospital where you had your surgery if:

- you have severe pain or your pain increases
- your wound or lower leg becomes red, swollen or feels hot to the touch
- you notice fluid or a discharge around your wound
- you feel unwell or develop a fever above 38°C or vomiting

These symptoms may occur if you have developed an infection and may need further treatment, usually with antibiotics.

If you feel very unwell you should go to your nearest accident and emergency department as soon as possible.



Additional resources available online

Royal College of Anaesthetists

- Preparing for surgery: Fitter Better Sooner toolkit and animation (rcoa.ac.uk/fitterbettersooner)
- Anaesthesia explained (rcoa.ac.uk/documents/anaesthesia-explained)
- Anaesthetic choices for hip or knee replacement (rcoa.ac.uk/patientinfo/leaflets-video-resources)
- Risks associated with your anaesthetic (rcoa.ac.uk/patientinfo/risks)
- Patient information series (rcoa.ac.uk/patientinfo/leaflets-video-resources)

Royal College of Surgeons of England

- Recovery tracker (<http://bit.ly/2L7YIb>)
- Knee surgery – total knee replacement online leaflet (<http://bit.ly/2L9jqDd>)

NHS Choices

- Knee replacement (nhs.uk/conditions/knee-replacement)

British Red Cross

- Mobility aids (redcross.org.uk/get-help/borrow-a-wheelchair)

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We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose.

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Tell us what you think

We welcome suggestions to improve this leaflet.

If you have any comments that you would like to make, please email them to:

patientinformation@rcoa.ac.uk

This leaflet has been reviewed by the RCoA Patient Information Group (which includes lay members) and by the RCoA Professional Standards Advisory Group.

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG

020 7092 1500

rcoa.ac.uk



First Edition 2018

This leaflet will be reviewed within five years of the date of publication.

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