

KNEE REPLACEMENT POST OP INFORMATION

Your surgery is finished and we now move onto the post-operative phase of your recovery. The first part of this document talks about what to do whilst in hospital and the second part talks about your at home recovery and what to expect over the next few months. I'll tell you what you need to know, and answer the most commonly asked questions.

MONDAY: On returning to the ward you will probably be feeling a bit drowsy but shouldn't be in too much pain. Often people will feel a bit itchy from the spinal anaesthetic. If the itch is really annoying press your buzzer and ask for something to help it. Nausea is also very common and you are written up for plenty of things to help this. Just press your buzzer and let the nurse looking after you know so they can help. As the spinal wears off keep your feet and ankles moving. Drink some water and try and sit up for dinner tonight. There are lots of machines and checks tonight so you probably won't get a great sleep, but tomorrow night most of that stuff will be gone and you can have a sleeping tablet if you would like one.

TUESDAY: Usually today the pain isn't too bad because the spinal anaesthetic and the anaesthetic I put around your knee are still working. The worst of the pain is usually tonight and tomorrow morning. This morning the nurses will remove your urinary catheter and take the bandages off your knee and start icing the knee to help control swelling. You will get a blood test and an X-ray. You should be getting some form of blood thinner (I most commonly use either aspirin or clexane depending on your risk profile). The physiotherapist will see you this morning with the aim to get you out of bed and start walking – initially with the help of a walking frame. I would like you to get out of bed at least twice today and try sitting out of bed for your lunch and dinner. I would also like you to have a shower and put on some normal clothes – don't wear the hospital gowns through your stay – they are ugly and too revealing. You should be wearing your stockings and using the foot or calf pumps when you are resting in bed for any period greater than 20 minutes or so.

You have a nerve block in the front of the thigh. If you feel your pain increasing the first thing to do is press the button on this device and give yourself a dose of anaesthetic (you can self administer a dose every couple of hours). Wait 5-10 minutes. If the pain has settled down don't do anything else. If the pain hasn't settled, press your buzzer and ask for some more pain relief. If the drip is still in your arm by this evening let your nurse know and this will be removed. Unfortunately through the afternoon and night your pain will increase – sometimes significantly...

WEDNESDAY: This morning is the worst part of your recovery generally. By lunchtime the pain starts to reduce again. It's cruel to be kind but I still want you to go for a walk this morning – it makes you breathe deeply and keeps the blood moving to reduce your risk of DVT. I would like you to be using crutches (rather than the big frame) today – make this a goal. If you haven't used your bowels since surgery let me know and we can give you something to help this if you are starting to feel uncomfortable. Keep going with your icing regularly. If you feel the nerve block isn't doing much for you let me know and we will take it out. If you feel it is working well for you we can leave it in until tomorrow. Start thinking about when you want to go home – usually either tomorrow or the next day. Have you got physio arranged for next week yet?

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THURSDAY: Hopefully you aren't feeling too bad by this stage and are in a bit of a routine of pain relief and exercises. Guided by you and your physiotherapist we will start talking about discharge. I never want anyone to feel like they are being kicked out of hospital but I also don't want you in hospital if you feel you could be doing the same things at home. If you can manage your pain with tablets, have someone to help you at home, don't have too many steps and are feeling confident on crutches I am happy for you to go home any time from now. If you live alone, are really struggling to get going, have lots of steps or are a bit on the frail side then we may need to get you to rehab.

When you go home:

- Take regular pain relief
- Keep your wound dry (you can shower with the dressing on)
- Ice your knee regularly (a 1kg bag of peas is perfect and easy)
- Do regular exercises and see your physiotherapist
- Gradually increase your walking distances

Good luck and see you at your post op appointment!

I am going to remind you what we spoke about prior to the surgery. It is a **six month** recovery from a knee replacement. Very generally speaking, the first two weeks are miserable. By six weeks you will be down to moderate pain, often still needing a stronger painkiller to help you sleep at night. By 3 months you will be good, but not great, and hopefully by 6 months you will be great. Don't say I didn't warn you...

The inflammatory response to the insult of the surgery takes 6 months to settle. With this inflammatory response comes pain, swelling, tightness and a feeling of stiffness if you sit or lie for an long period. One of the indicators that the inflammatory response is settling is the colour of your wound. As the wound turns from red to pink to white the inflammation is settling. Once the wound turns white the inflammatory response has finished. You can make improvement in your range of motion up until this point. Once the wound has completely matured, that is about as good as the knee will ever move. Keep your exercises going until this point.

When you go home your post op pain control is as follows:

1. Paracetamol – 2 x 500mg tabs every 4-6 hours; or panadol osteo, 2 tabs every 8 hours
2. An anti inflammatory – either neurofen 2 x 200mg tablets after breakfast, lunch and dinner; celebrex 100mg after breakfast and dinner; meloxicam 7.5mg after breakfast or dinner

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3. Endone 5mg as required – please watch these doses carefully to make sure they are reducing with time; stop them as early as your pain levels allow – certainly aiming to be off endone altogether by 6 weeks; sometimes I will add an additional long acting opioid to this mix if the pain levels are high.

I also want you to take half an aspirin a day for 2 weeks (if you are not on other blood thinners) to thin the blood and reduce the risk of DVT and PE.

Night time is often when people experience the worst of their pain (as lots of other stimuli the brain receives during daylight hours (light, noise, movement etc) are not there to interrupt the pain stimuli. If you are struggling to sleep because of pain, in addition to your pain relief you could trial an over the counter sleeping tablet called RESTAVIT. It is an anti histamine. Some people get quite a hangover effect from it the next day so start with half a tablet initially. You can increase this to a full tablet at night if you are not getting the hangover from it.

Two weeks after the surgery you can remove the dressing. Usually I will be seeing you for your first post op appointment around this time. Once the wound is uncovered begin wound massage 3-4 times a day. You can use any cream or oil that doesn't irritate your skin. It is the action of massaging the wound and tissues that is more important than what you use.

You can get into a bath or a pool three weeks after your operation provided the wound has healed nicely.

From weeks 2-8 concentrate on:

1. Weaning off all your opioid type pain relief (ie endone)
2. Weaning off the crutches as your confidence and stability permit
3. Lots of wound massage
4. Bending and straightening exercises
5. Gentle strength work after 4 weeks including your stationary bike

There is no set time or distance that you can or can't walk. Gradually increase this as your pain and swelling allow. It is a fine line – don't do enough and you will have a stiff knee, do too much and the inflammation will flare. Let pain be your guide. Throughout the recovery your pain should be mild-moderate only and manageable. If it is more than moderate pain then you need to back off a little on the exercises and take some more pain relief. This is different for everybody. Suffice to say you must always keep gently pushing yourself and the knee until the 6 month mark.

Regards,
Luke McDermott.