

Patient information

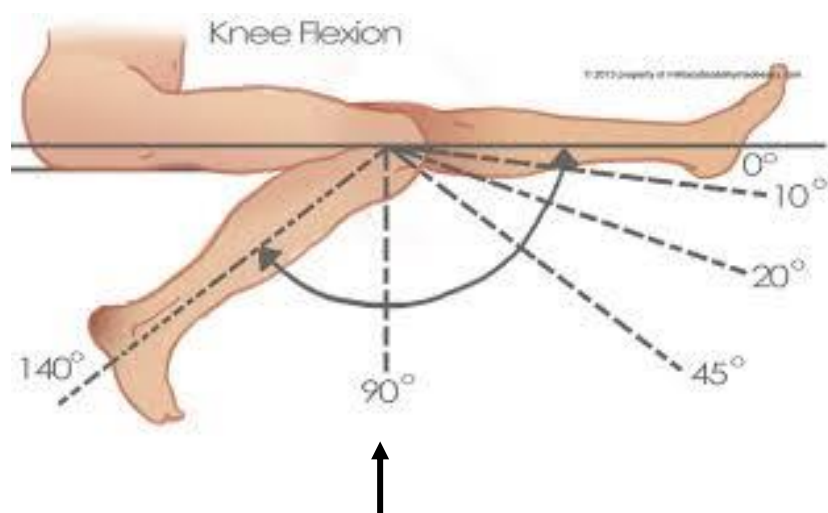
Advice following total knee replacements for remote patients

This leaflet has been created to help guide you through the rehab following a total knee replacement (TKR), if you are being treated via telephone appointments. It will cover some of the basic advice given by the therapist and is intended to be used alongside the exercise leaflets given on the ward.



Knee range of movement

During your telephone appointments your therapist will likely ask about the movement of your knee. The following is a quick guide to help you work out how much movement you have.



This is called extension, it is easier to measure this with your leg flat on the bed or sofa. 0 degrees means your leg is completely flat and you can't get your hand underneath it.

This is the amount of bend we are aiming for in the first couple of weeks following the operation.

Managing swelling

- Swelling in your knee, lower leg and ankle can be expected for 6 months or even up to a year post operation. It is usually related to activity but should always decrease when the leg is elevated.
- Aim to elevate your leg regularly during the day so the knee and ankle are level with your hip even just for 10 minutes or so. (It may be possible to elevate higher than your hip but this should be discussed with your therapist first).
- Ensure you combine this with regular movement to avoid stiffening up.
- Ice can be used three or four times per day, for up to 10 minutes at a time. Make sure the ice is wrapped in a towel and remove straight away if you experience any burning or irritation.
- Complete the circulation exercises taught on the ward regularly during the day.

Pain management

- It is likely that you will experience some pain when you return home. Pain relief should make this bearable and allow you to complete your exercises and mobilise regularly.
- Your exercises may cause the knee to feel tight and uncomfortable, providing this is tolerable for you then it is quite normal. Ease back if they cause severe or extreme pain and speak to your therapist.
- If your pain relief is not being effective or you experience side effects please speak to your GP to discuss the options.
- **Remember** it is not the case of “no pain no gain” when it comes to severe pain following a knee replacement.

Sleeping

It is common to have some problems sleeping after the operation, this may be due to pain or discomfort or that you are not used to sleeping on your back.

- If pain is an issue in the night try to keep one dose of pain relief back so you can take it during the night.
- After a week or so, if you really can't sleep on your back, you can try lying on your side with a pillow between your knees. Some people cannot tolerate this

either so it's a little bit of trial and error.

- If you wake in the night and your knee feels stiff, either get up and have a little walk or sit on the edge of the bed and gently lower your leg to the floor and move the leg back and forwards.

Progression

- Don't expect too much too quickly, remember it is possible to overdo it!
- Try to gradually build up your activity levels but ensure you have a few days at least before you attempt the next progression as it may be a cumulative effect that causes the problem rather than a single action.
- Try to pace your activities and don't ever get to the point where you are completely exhausted.
- It is better to do a little bit then have a rest and then do a bit more, rather than to keep going to the point you can't physically do any more.
- Think about grouping activities together, eg doing all the upstairs jobs before coming down in the morning.
- **Remember** there is no right or wrong amount of activity and it should be based on your own individual circumstances. A little and often is the key.
- When you can walk without a limp, you are ready to progress from two sticks or elbow crutches to one and then down to nothing.
- If you progress your walking and you start to limp or get an increase in pain or swelling, then you are not ready to progress and should go back to the level you were previously at.

Signs you have overdone it...

- Increase in pain
- Increase in swelling
- Complete exhaustion where you physically can't do any more
- Legs feeling heavy or feeling like you are wading through water
- Leg feeling hot to the touch (although this could also be sign of something else – see below).

Should you overdo it then ease back for a couple of days before gradually trying to build up again.

Scar management

Once your wound has healed you may be advised to commence scar massage. This can help to ensure a nice flat scar and break down any unwanted excess scar tissue which may have formed and can cause stiffness in the knee



Using your thumbs (or ask someone to help you) gently rub in a circle either side of the length of the scar.

Pressure needs to be quite firm but should not be painful.

Do not work directly over the scar until the scab has fallen off and it is completely healed.

Use a light cream / oil such as E45 or bio oil when doing this.

Aim to do this three or four times per day.

When to seek medical attention

Call your GP, discharge helpline or therapist if you develop any of the following:

- Severe pain in the knee
- Redness around the wound or severe pain when touching around the wound
- Oozing of any colour from the wound or significant bleeding
- Swelling of the calf or foot which does not ease at all with rest (you may need to measure the calf and ankle at night and in the morning to see subtle changes)
- Hot, red or shiny calf
- You feel generally unwell in yourself (any infection can travel to a new joint and cause problems if not treated)
- Sudden shortness of breath or difficulty breathing
- Chest pain

Contact numbers

Physiotherapy department: 01284 713300

Discharge helpline: 01284 713924

Both of the above are available Monday to Friday but also have an answer phone if the matter is not urgent.

The out of hours GP should be contacted at the weekends if the matter is urgent but does not need attendance at A and E.

If you cannot contact any of the above or your GP and you remain concerned please attend your local A and E

If you develop shortness of breath or chest pain you should head straight to A and E.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>



© West Suffolk NHS Foundation Trust