

We CARE



TOTAL KNEE REPLACEMENT A Guide for Patients

Please bring this journal with you to all hospital appointments.

It will help with your recovery and to provide valuable feedback.



ZIMMER BIOMET
Your progress. Our promise.™

Telephone numbers

SAME DAY ADMISSION **01908 996433**

WARD 24 **01908 996991 or 996992**

PHARMACY MEDICINE INFORMATION **01908 995733**

JOINT SCHOOL BOOKINGS **01908 997006**

Name: _____

Consultant: _____

Date for Joint School: _____

Occupational Therapy Form completed: ☐ Yes ☐ No

National Joint Registry (NJR) Form completed: ☐ Yes ☐ No

Date for Pre assessment: _____

Date for surgery: _____

Please bring this journal with you to all hospital appointments.
It will help with your recovery and to provide valuable feedback.

Pre assessment Nurse contact details

Octenisan® provided and labelled with patient details ☐

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BEFORE THE OPERATION

Checklist

- ☐ Book yourself into the 'Joint School' held on alternate weeks on a Tuesday 2-3.30 pm.
You need to ensure you attend the joint school for **Knees**.
You can book at reception immediately today or tel: **01908 997006** (or to reschedule your appointment)
- ☐ At Pre Assessment bring **this journal**
- ☐ **National Joint Registry form** - please complete the 'Patient Detail section' located on page 6
- ☐ An up-to-date list of all your medication (repeat prescription sheet).

Your pre-assessment nurse will complete this section

- ☐ All tests were completed during your Pre-assessment and these results (if normal) will be suitable for your date of surgery.
- ☐ The tests that were taken today are only valid for: _____ days / weeks / months.
Please follow the instructions below.
- ☐ You have/do not have a date for surgery but still require tests to be done. Please make an appointment at least 6 days/week in advance for tests, when you have been given a date for your operation.
- ☐ To book an appointment for all blood/tests call Treatment Centre Reception: 01908 995452.
Failure to have blood/tests performed may result in your surgery being cancelled.



National Joint Registry: Patient Consent Form



National Joint Registry

www.njrcentre.org.uk

Working for patients, driving forward quality

What is the National Joint Registry?

The role of the National Joint Registry (NJR) for England, Wales and Northern Ireland is to improve patient safety and monitor the results of joint replacement surgery. The information held on the registry helps to find out which are the best performing artificial joints and the most effective types of surgery.



How does the NJR help patients?

The NJR provides information and evidence to:

- Help surgeons choose the best artificial joints (implants) for patients
- Empower patients by helping them find out more about the implants available to them
- Improve patient safety by checking how well implants, surgeons and hospitals perform and take action where it is needed
- Giving hospitals, surgeons and implant manufacturers feedback about their performance to help them improve patient care
- Help surgeons quickly decide whether patients need to return to hospital if implant problems are found

What information is collected?

Details of your operation and your implants will be recorded on the NJR by your hospital. Your personal details such as your name and address will only be recorded if you give your consent.



Why does the NJR need my personal details?

Your personal details allow the NJR to link you to the implant(s) you received during surgery. If, for instance, you need another operation in the future, the NJR can measure the time between the operations. Adding together this time from all patients' operations tells us how well different implants, hospitals and surgeons are doing. **Without using personal details to link operations, the NJR cannot find out about problems with implants, hospitals or surgeons.**

Personal details needed by the NJR are:

- ✓ Name
- ✓ Date of birth
- ✓ Postcode
- ✓ NHS number

The NJR Centre might also give you the opportunity to take part in patient feedback surveys in the future, to give your views on whether the surgery has made your life better. Shoulder patients will be routinely invited to take part. Patients receiving other joint replacements may also be invited. You do not have to take part in any surveys.

NJR and research

Operation and patient information in the NJR may be used for medical research. The purpose of this research is to improve our understanding and treatment of joint problems.

The majority of our research uses only anonymised information that means it is impossible to identify individuals. From time to time researchers may wish to gather further information. In these cases we would seek your approval prior to disclosing your contact details. You do not have to take part in any research study you are invited to take part in and saying no does not affect the care you receive.

Please be reassured that the storage, release and use of this data are subject to very strict controls.

You can find examples of how we use data for research at www.njrcentre.org.uk as part of our Research library.



Giving your consent is voluntary and more information is available if you are unsure.
Whether you choose to consent or not, please sign this form on the back.

NJR data and other healthcare information

Operation and patient information in the NJR is used to link to other healthcare information. It is also analysed and made available to surgeons, hospitals and manufacturers - without any of your personal details - as part of our feedback services.

Doing this improves the NJR's ability to monitor patient safety and patient outcomes. It also means that people and organisations involved in improving joint replacement surgery can better understand and develop improved or more cost-effective medical treatments.



Do I have to give my consent?

No. If you do not consent, your operation details will be stored on the NJR without any personal details, so you cannot be identified. If you change your mind about consenting to the NJR holding your personal details, please contact the NJR Centre – see 'Finding out more' below.



Is my information safe?

Your personal details are kept confidential at all times. Very strict rules and secure procedures are in place to ensure that your information is kept safe. You can ask for a copy of your personal data held on the NJR by writing to the NJR Centre.



Finding out more

NJR Website
www.njrcentre.org.uk

E-mail
enquiries@njrcentre.org.uk

NJR Helpline
Tel: 0845 345 9991

Mon-Fri, 9am to 5pm (excluding public holidays)

NJR Centre
Peoplebuilding 2, Peoplebuilding Estate, Maylands Avenue, Hemel Hempstead HP2 4NQ



National Joint Registry
www.njrcentre.org.uk
Working for patients, driving forward quality

This form should be kept as part of the patient record. DO NOT send this form to the NJR Centre

Patient Details (all mandatory)

Surname

Forename

Date of birth

Postcode (home)

To be completed by the hospital

Milton Keynes University Hospital

NHS or national patient number

Height m & Weight kg

or BMI

I CONSENT to my personal details being recorded within the NJR. I understand that the NJR will not release my personalised data unless required by law or where there is a clear overriding public interest in disclosure. Where possible, I will be told if any disclosure is to take place.

Signature

Date

I DO NOT CONSENT to my personal details being recorded within the NJR.

Signature

Date

To be completed by the hospital (person accepting patient consent)

Name

Signature

Position

Date

Giving your consent is voluntary and more information is available if you are unsure.

Introduction

You have been added to the waiting list for a knee replacement on the Rapid Recovery Programme. Providing every patient with kind, effective, quality care and the best possible experience whilst you are in hospital is our priority. This journal is designed to help you increase your understanding of the programme. By you writing and updating this journal it enables you and your family to take an active part in your recovery. Please bring this journal with you to all hospital appointments. As part of the Rapid Recovery Programme the aim is to enable you to be well enough to go home after 1-2 nights in hospital.

Knee replacement surgery involves replacing a damaged or diseased knee with an artificial one. The total knee replacement operation will replace the damaged joint with metal and high density polyethylene components.

Osteoarthritis – What is it?

This is a common disease affecting the joints in the body, most commonly the knee and hip. The joint surfaces, which are covered in smooth cartilage, become damaged and gradually thin and roughen -this produces pain. Eventually, there may be no cartilage left in some areas of the joint. There are other diseases which cause joints to be replaced because of pain, such as rheumatoid arthritis.



Arthritic knee



Knee with artificial knee replacement

What causes the need for a knee replacement?

Covering the surface of the bones in the knee joint is a smooth compressible gristle known as articular cartilage. When arthritis occurs, this gristle is worn away and the bone becomes exposed which results in pain.

Other reasons for knee replacement include rheumatoid arthritis, gout or knee damage due to injury.

What determines the need for a knee replacement?

The pain of arthritis may be helped by anti-inflammatory medicine and simple pain relief. Physiotherapy may also help to reduce pain and improve movement.

Only if these measures are ineffective will your doctor suggest treatment with a knee replacement.

What type of knee replacement will I have?

There are many different types of artificial knees available for total knee replacement surgery. The types of knee replacements used in this hospital are all tried and tested, with many years of proven experience. In a younger patient, your surgeon may discuss using an uncemented knee replacement and he will explain the risks and benefits of this with you as an individual.

How long should my new artificial knee last?

Artificial knee joints last for 10 – 15 years or more depending on the age and weight of a person.

The operation

During the operation the damaged surface of the knee joint is removed and replaced with metal and polyethylene (plastic) components (parts).

Anaesthetic

You may have a spinal anaesthetic for this procedure, although sedation or a general anaesthetic is also sometimes performed. This will be discussed at the joint school appointment and also with the anaesthetist on the day of surgery.

What are the benefits of the operation on the disease or symptoms?

The new total knee joint aims to relieve pain, decrease the stiffness and provide improved mobility and a better quality of life. Approximately 95% of patients are satisfied with the outcome of their new replacement knee joint.

What are the complications of a total knee replacement?

Complications are rare but include:-

- Risk of infection – there is a 1% risk of infection which is a serious complication and may require removal of implant and a repeat procedure.
- Numbness of the area around the wound scar will occur, but should improve over time although there will be a small area that is permanently numb.
- Deep Vein Thrombosis (DVT). This is when clots form in the deep veins of the leg. Surgeons take preventing DVT very seriously. There are many ways to reduce the risk of DVT, e.g. pressure stockings to keep the blood in the legs moving, medication that thins the blood and prevent clots forming and probably the most effective is getting you moving around as soon as possible. Refer to page 21 for more information.
- Joint replacements do work loose with time, and this is more likely to happen if you are a younger patient at the time of the joint replacement. If a joint does loosen, then it tends to cause further discomfort and eventually the joint will need to be replaced again.
- Nerve damage occasionally occurs after knee replacement surgery.
- Persisting pain. Some knees remain painful after 'total knee replacement surgery' for reasons we do not yet understand, and are not infected or loose. The incidence is 4.5% and pain settles within time.

How long is the average stay in hospital?

As part of the Rapid Recovery Programme the aim is to enable you to be well enough to go home between 1-2 nights.

You will only be discharged if there are no signs of complication, and you are independently mobile. If required, the district nurse will monitor your progress once discharged and provide assistance depending on your needs.

When can I return to work?

This will depend on the type of work you are involved with. Your doctor will talk to you about what is most appropriate for you. Patients are advised not to drive for 6 weeks after their operation.

Will I need any special treatment or care during my recovery phase?

You will receive information on rehabilitation from the physiotherapy team who will work out an exercise and rehabilitation programme tailored to your needs. Normal leisure activities are possible, depending on progress, between one and three months after the operation.

Anaesthetic

You will have a spinal anaesthetic for this procedure, along with sedation or a general anaesthetic. This will be discussed at the joint school appointment and also with the anaesthetist on the day of surgery. Refer to page 22 for an more in depth explanation.

Pre assessment

All patients who are having a knee replacement will be either seen immediately once listed for surgery or booked to attend an appointment at the Treatment Centre. From this assessment we will decide if you are fit for an anaesthetic and your operation. You will receive MRSA screening as part of your pre-assessment, via a nasal swab. The results will be checked and patients will only be informed if the swab results are positive and treatment is required. If you know that you have been a carrier of MRSA please inform the pre assessment nurse.

The pre assessment nurse will inform you of the following:

- If you are fit for the operation and anaesthetic.
- Whether you will go through the Same Day Admissions or if you will report directly to the ward.
- If you are suitable to come in on the day of your operation, or if necessary a day or so before your operation because of medical reasons.
- The starving guidelines that you need to follow.

It is important that you bring the following information to your pre assessment:

- All home, work and mobile numbers for yourself and 2 people that you state as your next of kin.
- All prescribed medication and any herbal preparations (inhalers, creams).
- A note of anything you are allergic to e.g. medication, latex and food.
- Inform us if you use any special equipment or services at home.

After your pre assessment it is important that you contact the clinical surgical unit or your pre assessment nurse if anything changes after your assessment and prior to your surgery, such as:

- If you change your mind.
- If you visit your GP for a new problem.
- If your GP starts, stops or changes your medication.
- If you are taken into hospital for any reason.
- If, when you have a date for surgery, you are unwell with a cold, high temperature, or chest infection.

What if the pre assessment nurse finds something wrong?

Depending on the reason, it could be that your blood pressure is too high. The nurse may delay your surgery, or you may be asked to either visit your GP or an Anaesthetic assessment will be organised. We may have to remove you from the waiting list if you are not fit for surgery. Once the problem has been resolved you may then be recalled for another pre-assessment.

Pre assessment will discuss discharge arrangements and may refer you to the Social Work team. They work with the Reablement at Home Team and will triage the referral.

Octenisan® Wash

Preventing wound infection

Because skin is not sterile, your skin needs to be as free of germs as possible before your operation. The nurse at Pre assessment will give you a bottle of Octenisan® wash lotion with your name on it.

Octenisan® wash lotion is a special antiseptic wash that helps reduce the number of germs on your skin and the risk of a wound infection.

What do you need to do before the operation?

Two days before your operation date, you should start showering daily (**washing your hair at the same time if possible**) using the Octenisan® wash lotion and following the instructions below. This should be repeated daily and for the first two days after your operation. A shower is recommended, however if you are unable to use a shower, please use the product instead of your usual soap when washing in the bath or at a sink.

You can use the table below to tick off when you have completed the body wash.

	2 days before my operation	1 day before my operation	At home on the morning of Operation Day	1 day after my operation	2 days after my operation
Date:					
Completed:					

How to use the Octenisan® body wash

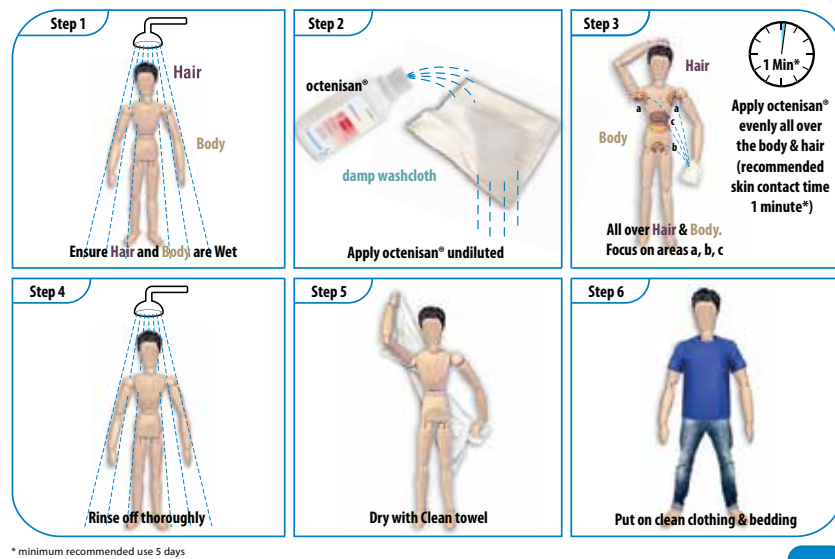
- Wet your skin and hair thoroughly in the shower, then turn the water off.
- Put about 15 ml (a dessertspoonful) of Octenisan® body wash onto a clean wash cloth or flannel.
- Apply the Octenisan® using a gentle circular rubbing motion over your body, paying special attention to your armpits, groin and feet.
- Ensure all skin surfaces from the neck down are covered by the Octenisan® body wash.
- Shampoo your hair with some more Octenisan®.
- Ensure that the Octenisan® stays on your skin for one full minute.
- Rinse thoroughly under the shower to remove all soap residue.
- You may apply conditioner to your hair if needed.
- Dry your skin thoroughly with a clean, dry towel.
- Put on clean underclothes or nightwear afterwards.
- It is recommended that bed linen and towels are changed daily and washed on the highest possible temperature.

Octenisan is hypo-allergenic and should be suitable for all skin types, even skin that is sensitive to soap or susceptible to allergies. If you do experience any skin reaction such as severe burning, itching, redness, blistering, peeling, swelling, rash or any other severe irritation discontinue use of the Octenisan® and tell your doctor.

schülke **octenisan®
antimicrobial wash****Instructions for use**

- Apply octenisan® undiluted onto a clean, damp washcloth
- Rub onto the areas of the body to be cleansed and wash off
- For showering or hair washing, simply use octenisan® in the same manner as other hair and skin washing preparations
- Always observe the recommended contact time of 1 minute*

*tested according to EN 12054

the plus of pure
performance**On the day of your operation**

- Please remember to bring your Octenisan® wash into the hospital with you as you will use this to wash with the day after your operation. If you are coming into the hospital from home, please shower using the Octenisan wash (including hair wash) before you leave.
- Do not apply lotions, powder, or deodorant to your body.

After your operation

Please use the Octenisan® body wash for at least 2 days after your operation, or until the bottle is finished. After this you can revert to your usual products.

PROMS (Patient Recorded Outcome Measures)

You will be asked if you want to complete a PROMS (Patient Reported Outcome Measures) questionnaire. Please see the next page for more information.

Patient Reported Outcome Measures



Patient Reported Outcome Measures, sometimes called 'PROMs', are questionnaires that ask patients about their health before and after an operation. They help to measure the results or outcome of the operation from the patient's point of view.

All NHS patients, wherever they are treated, who are undergoing hip replacement, knee replacement, varicose veins or groin hernia surgery are being invited to fill in these PROMs questionnaires.

The purpose of the questionnaires is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

Why are we doing this?

We want to improve the quality of health-care services wherever we can – and it's crucial to ask patients what they think.

Patient Reported Outcome Measures will help the NHS improve still further the quality of services for patients, by taking into account patients' views of quality, and will help hospitals reach the very best standards of care.

What happens next?

You will be asked to fill in a short *Before your operation* questionnaire when you go to hospital. You should read the information on the front cover and if you wish to, fill in the questionnaire with your answers. Once you have completed the questionnaire please hand it back to the person who gave it you.

In a few months time you will be sent an *After your operation* questionnaire through the post to fill in and return. Once you have filled in the questionnaire with your answers please post it back to us in the enclosed envelope. This is free-post and does not require a stamp.

Do I have to take part?

Your help would be greatly appreciated, but it is not compulsory. If you do not wish to take part, do not complete the questionnaire.

Do I have to give my consent to participate?

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected. By completing the *Before your operation* questionnaire you are giving your consent for your data to be used in this way. There is a statement on the front of the questionnaire that you will be given which tells you exactly what you are giving your consent for and how the data will be used.

Your personal information will be handled securely and it will be anonymised after analysis and before any publication. Your personal information will not be released unless required by law or where there is a clear overriding public interest.

Can I change my mind?

Yes, up to the point where the data is analysed and personal details removed. Withdrawing your information will not affect your medical or legal rights in any way. You can do so by contacting the PROMs team by any of the contact methods shown overleaf.

What will happen to the information I give you?

Your personal details will be held confidentially in accordance with the Data Protection Act. They would only be used as set out on front page of the *Before your operation* questionnaire. Your details will be used to send you an *After your operation* questionnaire by post. Your personal information will be held for no longer than 24 months for checking the accuracy of the information and statistics produced. If we want to use your information for anything else, or hold the information for more than 24 months, we will write to you and ask your permission.

Why are other organisations used to help with the programme?

Contractors working on behalf of the Department of Health and the Health and Social care Information Centre help to handle, process and analyse the information you give. Only organisations with a long track record of expertise in these areas have been chosen to support the collection and reporting of Patient Reported Outcome Measures.

Will my personal details be safe?

Published reports will not contain any personal details. The handling and storage of personal information will be undertaken to the very highest standards.

How to contact us:

You can contact us through any of the means below if you have any questions or would like more information about Patient Reported Outcome Measures, the questionnaires, confidentiality or how your personal details will be held and used.

Telephone the freephone helpline: **0800 917 1163**

.....

Visit the PROMs website

.....

Visit **[www.quality – health.co.uk](http://www.quality-health.co.uk)**

.....

Email: **[info@quality – health.co.uk/proms](mailto:info@quality-health.co.uk/proms)**

.....

By Post:

Quality Health
Unit 1, Holmewood Business Park
Chesterfield Road
Holmewood
Chesterfield
Derbyshire
S42 5US

Joint School

The Joint School gives you the opportunity to learn about your surgery. The Joint School is held on alternate Tuesday afternoons between 2pm and 3.30pm.

You will meet other patients waiting to have their knees replaced. It is important to bring 1 relative or carer with you so that they can support you when you go home after your operation.

The Joint School is an educational session run by the Physiotherapist, and Pain Nurse who will explain what is going to happen to you during your stay in hospital. You are encouraged to ask any questions you may have however simple you may feel they are.

The Joint School is essential to the Rapid Recovery Programme and must be attended or surgery may be postponed or deferred.

The Physiotherapist will teach you the exercises to perform, if it is not too painful it is useful to start doing these exercises before your operation. This will help you after your operation as your muscles will be stronger and you will be confident doing the exercises after the operation.

The Pain Specialist Nurse will talk about managing your pain after the operation and about the different anaesthetics you can have. They are happy to answer any questions or queries you may have about pain medication.

See exercises on page 29.

Book yourself into the 'Joint School' held on alternate weeks on a Tuesday 2pm - 3.30pm.

You need to ensure you attend the Joint School for **Knees**.

To book (or to reschedule your appointment): **01908 997006**

Home Preparation

It is important to plan your discharge before surgery to prevent any delays in getting home.

Things to consider are:

- ☐ Don't undertake any major decorating prior to admission that leaves your house unsafe
- ☐ Think about someone coming to stay with you if you think you may need help after surgery
- ☐ Ask friends or family to help with shopping, cleaning or looking after pets if you think you may find it difficult
- ☐ Ensure there is sufficient room to manoeuvre around the room with your walking aids. If necessary, consider removing excess furniture or ornaments
- ☐ Remove or move loose rugs, trailing electrical flexes and make sure the lighting is good to reduce the risk of tripping or falling
- ☐ If stairs are difficult consider making space for a bed downstairs and arrange for it to be brought down before you come into hospital
- ☐ If your washing machine is low down, you may need assistance with laundry
- ☐ You may not be able to bend to low cupboards and drawers, or to low shelves in your fridge or freezer. Rearrange items you use regularly to higher shelves
- ☐ Arrange your kettle, cup, saucer, coffee/tea and sugar in one designated area
- ☐ Stock up the freezer with microwave meals or pre cooked food
- ☐ You may need a commode if you decide you cannot manage stairs, your local red cross could supply one for you. The physio team will practice the stairs with you prior to your discharge
- ☐ Think about personal hygiene as you may find it difficult to bath or shower
- ☐ Have a phone by your bed, or carry a cordless phone in your pocket if you live alone
- ☐ Ensure you have a night light next to your bed so you can make your way to the toilet safely at night
- ☐ Move regularly used clothes and shoes out of low cupboards and drawers
- ☐ Keep everyday items within easy reach
- ☐ Think about enough prescription medication for after your surgery
- ☐ Arrange discharge plans i.e. lift home

Managing Household Tasks

The way you carry out some activities of daily living may need to be altered temporarily.

What to bring with you

- ☐ Loose night and day wear, we encourage patients to get dressed into their day clothes 1st day post operation – bring in underwear
- ☐ Dressing gown and socks
- ☐ For comfort health and safety reasons you should have a pair of flat supportive shoes. Slippers should also be fully enclosed. (Not open backed mules)
- ☐ Toiletries: soap, shampoo, toothbrush/paste, 2 flannels, towels, hand wipes
- ☐ Octenisan® wash
- ☐ Comb/brush/shaving equipment
- ☐ Books/ Magazine
- ☐ Loose change. Please bring enough with you if you wish to use the Hospicom TV

It is also important that you bring with you the following items if you normally use them at home

- ☐ All medication in correct containers for your complete stay in hospital. Bring them in their original boxes and not in dosette boxes. Inform nursing staff on the ward that you have brought them in (Pharmacy bag available at pre assessment). Please leave the following medication at home Tramadol, Oramorph, MST, Butrans and Fentanyl patches
- ☐ Inhalers/sprays
- ☐ Glucometer (diabetic patients)
- ☐ Anti-coagulant therapy yellow book
- ☐ Hearing aid/spectacles
- ☐ Denture pot/denture cleaner
- ☐ Mobility aids (sticks etc)
- ☐ Other aids – (CPAP machine)
- ☐ Juice
- ☐ Hand wipes
- ☐ Long handled shoe horn
- ☐ 'Helping hand' /grabber (available at The League of Friends Shop, mobility shops or larger chemists)

Please do not bring with you:

- ☐ Valuables
- ☐ Credit Cards
- ☐ Pension Books
- ☐ Jewellery
- ☐ Electrical Equipment – this needs to be checked by the hospital prior to use

The Trust cannot be held responsible for your valuables.

Preparing for surgery

- If you smoke it is important that you **do not smoke for 48 hours before your anaesthetic.**
- Do not drink alcohol or take any recreational drugs **for at least 48 hours before your anaesthetic.**
- **Please remove** any body piercing, make up, eyelash extensions, acrylic nails, nail polish from fingers or toes before coming in for your operation/procedure.
- **Diet** - you will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. It is quite common to experience constipation following your surgery. A healthy diet will reduce this risk.
- **Octenisan® wash** to be used as instructed on page 12.

Please arrive at the stated time on your letter. It is important that you follow the instructions carefully or your operation will be cancelled. Please call the relevant Clinical Surgical Unit if you have any questions: **01908 997006 - Trauma and Orthopaedic**

If you no longer wish to proceed with your operation, please let the hospital know as soon as possible.

Surgery in the morning

- If you are having **surgery in the morning** you will be requested to attend the **hospital at 7.15am**
- **Food and any other drink (tea, coffee, milk, juice etc) can be taken until 2.30am**
- **You may drink water only from 2.30am**
- **At 6am please have a glass of water; please ensure you finish your glass of water by 6.30am.**
- **You must not** suck any sweets or chew gum.
- If you have DIABETES and you usually take tablets or insulin for diabetes **please do not take your morning dose.**
- Please bring **ALL YOUR REGULAR MEDICINES** with you in the original containers and not in dosette boxes. Inform nursing staff on the ward that you have brought them in. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. You will be provided with a pharmacy bag to bring your medicines in. Please leave the following medication at home Tramadol, Oramorph, MST, Butrans and Fentanyl patches.
- **If you take any medication, the Pre-Assessment Nurse** will advise you of the medication that should be taken at home on the morning, of the day of your admission and operation.

Surgery in the afternoon

- If you are having **surgery in the afternoon** you will be requested to attend the **hospital at 11.45am**
- You will be able to have a light, early breakfast before **7.30am** at home on the day of your admission and operation.
For example: two slices of toast **or** a bowl of cereal along with a cup of tea or coffee or juice
- **Please make sure that once you have had your breakfast you do not eat anything.**
- **You may drink water only from 7.30am**
- **At 11am please have a glass of water; please ensure you finish your glass of water by 11.30am.**
- **You must not** suck any sweets or chew gum.
- Please bring **ALL YOUR REGULAR MEDICINES** with you in the original containers and not in dosette boxes. Inform nursing staff on the ward that you have brought them in. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. You will be provided with a pharmacy bag to bring your medicines in. Please leave the following medication at home Tramadol, Oramorph, MST, Butrans and Fentanyl patches.

Reasons for Fasting

To ensure that your stomach is empty and therefore avoid serious complications associated with vomiting (being sick) or regurgitation under General Anaesthetic

Sucking sweets and chewing gum produces gastric juices which can increase the risk of vomiting.

You will be asked to attend the Same Day Admission Unit which is located in the Treatment Centre. After surgery you will go to ward 24.

- The **Same Day Admission Unit** admits patients who are staying in hospital for longer than a day. There are trolleys and chairs, along with a change and wait area.
- **Visitors can accompany you to the Reception Area until you are taken to your waiting area. Due to limited space/privacy visitors will then be asked to leave.**
- **Please keep your property to a minimum for example a small bag (similar to a onboard flight bag)**
- If you have any questions about your surgery please ensure you ask at this time.
- Whilst you are in theatre your property will be taken to the ward. Once you have had your operation you will go to the ward.
- **Ward 24** is a 20 bedded surgical ward, it is nurse led and we care for both male and female patients.
 - visiting times are 2pm – 8pm
 - we ask that relatives do not visit outside the visiting times, so that patients can rest following their surgery. Please respect the patient's protected meal times: Lunch 12.30pm – 1pm, Supper 5.30pm – 6pm
- We do not encourage very young children and babies to visit the wards due to the risk of possible infection to them.
- Please do not allow your visitors to eat food as many patients are not allowed to eat before their operation.
- **We do not encourage visitors to sit on the hospital beds.**
- It would be helpful to ask one person from family/friends to ring the ward to find out news of your progress. This person can then pass this information onto other members of your family and friends.

Please remember that staff are limited on the information they can give and will not disclose information about your procedure. If you have a concern during your stay in hospital then please raise it with the nursing staff at the time or ask to speak to the Senior Sister or Matron covering the area.

On the day of surgery

You may be booked onto an all day theatre list, which means you will arrive in the morning and may not go to theatre until the afternoon. Your anaesthetist will inform the nursing team if you are able to have a drink on the ward, due to the timing of your operation and a drink will be provided. It is essential that you are fully informed so if you have any questions please feel free to ask the nursing or medical teams.

The nursing staff will settle you into the ward environment and inform you of the ward routine.

The **Surgeon, Anaesthetist** and **Physiotherapist** will **visit you before your operation**. This is a good time to ask questions and tell the Anaesthetist about any worries that you have. Your leg will be marked.

- All your details will be checked thoroughly, this may mean different people may ask you the same questions
- Please feel that you can **ask questions to understand all you need to know** at any time during your stay in hospital
- You may be prescribed compression/anti-embolic stockings (AES), which are of benefit in reducing blood clot formation in your legs after surgery. **Refer to page 21 for more information on Deep Vein Thrombosis**
- **You will be asked to get into a gown**
- **A pre medication (premed) will be given.** A premed are the medicines given to you before an anaesthetic.

You will have:

- 12 microgramme Fentanyl patch put on an hour before your operation, this is an analgesia patch which will start working during your operation
- 600mg Gabapentin which is for neuropathic (nerve) pain and helps reduce the pain in the knee during your operation
- 150mg Ranitidine is a gastric protector and helps prevent sickness and reduce the acid in your stomach
- 10mg Dexamethasone an anti inflammatory low dose steroid. (Diabetics cannot have this as it can raise blood sugar levels)

During your stay in hospital you will be encouraged to be as independent as possible. This means that you will be expected to do as much for yourself as you can e.g. washing, dressing and walking to the toilet.

You will be expected to sit out of bed when you are well enough rather than staying in bed.

You will be encouraged to get into your day clothes rather than spending all day in your nightwear. This usually makes you feel better in yourself and helps you stay independent.



Pressure Ulcer prevention

Pressure Ulcers are localised areas of damage to skin or underlying tissue and can occur to areas of the body subject to pressure. Bony areas are at greater risk and these include head, shoulder, elbows, base of spine, bottom, knees, heels and toes.

Whilst nurses will assess you, we ask that patients assist by:

- Changing position regularly to allow adequate circulation of blood to your pressure areas
- Early mobilisation post operatively - encouraging you to stand and walk as soon as possible
- Assist with effective skin care, e.g keeping skin clean and dry
- Maintaining hydration and diet post operatively
- Report any redness seen and discomfort felt to the nurse

Nursing staff may assess areas on your body which are prone to pressure damage. You will be encouraged to change your position frequently. If you are unable to move independently assistance is always available. For patients who are at risk, staff may also implement aids/equipment to prevent damage. i.e. Cushions, special mattress.

Exercises

The recovery nurses will ask you to start exercises Nos 1,2 and 3. See page 29.

Preventing Infection

In Milton Keynes we do as much as we can to protect our patients – but need your continuing support to stop avoidable infections starting.

To achieve the objective of minimising infection and safeguarding your health it is important that you observe the following personal care

You can help by:

- Bathing or showering before being admitted to hospital;
- Use the Octenisan® wash as instructed on page 10
- Bring a daily change of clean clothes;
- Wash your hands or request a hand wipe before eating
- Always wash your hands with soap and water after using the toilet;
- Do not share toiletries with other patients.

We also ask you to make use of the hand sanitiser that is provided, on entering and leaving the ward. This will assist in reducing infections but does not protect against the Flu virus, c difficile or the winter vomiting and diarrhoea bug.

Please ask staff to wash their hands or use the hand sanitiser before attending to you.

To keep our high standards of infection prevention and for safety reasons, **we do not allow flowers or potted plants** on any of the wards.

Keeping warm before, during and after surgery is important, because it can reduce postoperative complications.

If you are very cold (temperature <36°) you may be at greater risk of:

- Heart problems
- Infection
- Blood loss
- Delayed wound healing
- Increased length of hospital stay after the operation

The hospital can be colder than your home so to help us ensure you remain warm:

- Please bring additional warm clothing, such as dressing gown, a vest and slippers.
- Do tell the staff that are caring for you, if you feel cold at any time during your hospital stay.

If you become cold during the operation, you may wake up with a warming blanket in the recovery room.

What is Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)?

Your blood flows through your body in blood vessels called veins and arteries. If there is damage to these vessels, for example if you cut yourself, the blood usually forms a plug or 'clot' to stop any bleeding. However sometimes the blood's clotting mechanism goes wrong and can form a blood clot in the veins. When this happens the clot is called a 'thrombus'. If the clot is deep inside one of the veins it is called a Deep Vein Thrombosis (DVT). A DVT is more likely to happen if you are unwell and inactive or more inactive than usual.

Sometimes a clot can become loose and travel through the blood stream to your lungs. This is called a Pulmonary Embolism (PE) and can potentially be fatal.

As you are in hospital and likely to be less mobile than usually due to your illness or an operation you may be at more risk of having a DVT. To reduce the risk of this you will be assessed to see if you are more likely than normal to get a DVT.

It is also important that we know all the medicines that you are taking.

What are the signs of DVT and PE?

- Pain or swelling in your leg
- The skin on your leg feels hot or discoloured (red, purple or blue), other than bruising around the area if you have had an operation
- The veins near the surface of your legs appear larger than normal or you notice them more
- You become short of breath
- You feel pain in your chest or upper back
- You cough up blood

What we do to reduce the risk of DVT

If you are at risk you may be given on of the following to reduce the risk of you developing a DVT.

- Anti-embolism stockings. These are tight stockings which squeeze your feet and lower legs and thighs helping your blood to circulate around your legs more quickly. You may not be offered these if you have recently had a stroke, or if you have problems with the veins in your legs
- A medicine called an anti-coagulant which thins the blood and helps prevent clots from forming. This may be an injection just under the skin or a tablet.
- We will encourage you to mobilise as soon as you are able

The staff should discuss the benefits and any risks with these treatments, but please ask the staff looking after you if you have any questions.

DURING THE OPERATION

The Operation

In The Anaesthetic Room

When it is the right time for your surgery you may walk with a Nurse to the anaesthetic room. If you are unable to walk you will be taken in a chair or on a bed.

The anaesthetic room is next to the operating theatre. Several people will be there, including your Anaesthetist and an Anaesthetic Practitioner. Equipment will measure your:

- Heart rate - 3 sticky patches on your chest (electrocardiogram or ECG)
- Blood pressure – a cuff on your arm
- Oxygen level in your blood – a clip on your finger (pulse oximeter)
- A needle is used to put a thin soft plastic tube (a cannula) into a vein in the back of your hand or arm. Drugs and fluids can be given through this cannula.
- If needles worry you, please tell your Anaesthetist. A needle cannot usually be avoided, but there are things he or she can do to help. Finally, the type of anaesthetic chosen will be given.

You and your anaesthetic

The choice of anaesthetic depends on:

- Your operation
- Your physical condition
- Your preferences and the reasons for them
- Your anaesthetists recommendations for you and the reasons for them

Your Anaesthetic

The Anaesthetist will meet you before you operation and will discuss which types of anaesthetic can be used.

If you are having a local or regional anaesthetic you can decide whether you want to:

- Be fully alert
- Be relaxed and sleepy (sedation)
- Have a general anaesthetic as well

A spinal anaesthetic

- Local anaesthetic is injected near to the nerves in your lower back
- You are numb from the waist downwards
- You feel no pain and you may even prefer to stay awake
- You can also have drugs which make you feel sleepy, calm and relaxed
- It will take 4-6 hours for normal movement to return in your legs
- The Anaesthetist will stay with you the whole time

The majority of patients have their knee replacement surgery under this technique because it reduces the risk of blood clots and you are less likely to need a blood transfusion. You are also much less likely to feel nauseous or vomit with spinal anaesthesia.

Urinary incontinence can be associated with spinal anesthesia, sometimes lasting longer than the sensory effect of the spinal medicine.

General Anaesthetic

A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing.

You receive:

- Anaesthetic drugs (an injection or breathing gas)
- Strong pain relief drugs
- Oxygen to breathe
- Sometimes a drug to relax your muscles
- Anaesthetist stays with you at all times to give you drugs to keep you anaesthetised
- Once the operation is finished the anaesthetic drugs will be stopped and reversed so that you regain consciousness

Recovery

After your operation you will be taken to the Recovery room where you will be watched closely by your nurse to make sure your breathing and heart functions are stable and you are comfortable.

Side Effects

The anaesthetist will have discussed with you the risks and benefits associated with the different anaesthetic options.

Nausea and Vomiting

A regular anti sickness drug is given to you whilst you are taking strong analgesic medication during your stay in hospital.

Pain Relief

The amount of discomfort you have will be monitored regularly using a scale of 0 (no pain) – 10 (severe pain)

- You will have the 12 microgramme Fentanyl patch in place for 72 hours
- You also have Paracetamol 1G four times a day and for the first 24 hours this is given intravenously through a cannula
- If you can take anti-inflammatory medicines you will have Ibuprofen three times a day
- Extra analgesia can be given for breakthrough pain
- Your discomfort should be tolerable
- Do not expect to be totally pain free

General Anaesthetic - *"You and Your Anaesthetic"*

Instructions to access booklet electronically please follow the link:

http://www.mkhospital.nhs.uk/images/You_and_Your_Anaesthetic.pdf

Alternatively, follow the steps:

1. Go to: <http://www.mkhospital.nhs.uk>
2. Click on "visiting the hospital"
3. Click on "departmental directory"
4. Click on "Anaesthetics"
5. Click on "You and Your Anaesthetic"

Exercises

The recovery nurses may ask you to start exercises.

Back On The Ward - Day 0 - Operation day

After a short while you will return to the ward. Nursing staff will make sure you are comfortable and perform regular observations on you. You may have oxygen; your pain will be managed with painkillers. You may have a urinary catheter, you may have a drain coming from your wound and a drip in your arm to build up your fluid levels.

We would encourage you to eat and drink as soon as you are able to. If you are unsure please ask the nursing team for guidance.

You will be encouraged to commence exercise.

The Physiotherapist or Nurse will help you to get out of bed and encourage you to walk with the use of a high roller.

They will also reinforce your exercises and talk you through the rehabilitation process.

Nursing staff will continue to monitor your progress and ensure you are comfortable.

Once you are tolerating fluid and diet your drip and drain will be removed and your dressing renewed. You may have an x-ray taken.



High Roller

Day of Surgery - Day 0 - **to be completed by the patient**

Date: _____

- ☐ Washed with Octenisan®?
- ☐ Have you sat on the edge of the bed?
- ☐ Used High Roller and walked to the toilet with assistance?
- ☐ Completed bed exercises?
 - ☐ 1 time:
 - ☐ 2 time:
 - ☐ 3 time:
 - ☐ 4 time:

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain

5 – Moderate Pain

10 - Worst possible pain

Pain score =

AFTER THE OPERATION

Day after Surgery - Day 1

Walking should be much easier and you should be able to move around comfortably. You will be encouraged to continue your exercise by yourself during the day. You can walk to the bathroom to wash or use the toilet as required. The nursing staff will continue to monitor your progress.

The physiotherapist will show you how to go up and down stairs safely. Over the coming days you should progress to being able to walk independently with crutches, wash and dress with minimal or no help and be getting ready to go home.

Day after Surgery - Day 1 - to be completed by the patient

Date: _____

- ☐ Washed with Octenisan®?
- ☐ Have you sat on the edge of the bed?
- ☐ Used High Roller and walked to the toilet with assistance?
- ☐ Used High Roller and walked to the toilet independently?
- ☐ Progressed to elbow crutches?
- ☐ Completed exercises?
 - ☐ 1 time:
 - ☐ 2 time:
 - ☐ 3 time:
 - ☐ 4 time:
 - ☐ Completed stairs / steps

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain

5 – Moderate Pain

10 - Worst possible pain

Pain score =

Day 2 after surgery

Date: _____

Reason for still being in hospital:-

- ☐ Washed with Octenisan®?
- ☐ Used High Roller and walked to the toilet with assistance?
- ☐ Used High Roller and walked to the toilet independently?
- ☐ Progressed to elbow crutches?
- ☐ Completed exercises?
 - ☐ 1 time:
 - ☐ 2 time:
 - ☐ 3 time:
 - ☐ 4 time:
 - ☐ Completed stairs / steps

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain

5 – Moderate Pain

10 - Worst possible pain

Pain score =

Discharge Home

You will be able to go home 1-2 nights following your operation.

Your plans for discharge should be in place before you come into hospital for your surgery so that there will be no delays.

Discharge from the Ward

- The Fentanyl Patch is to stay on for 72 hours if you are sent home before the 72 hours you will be advised by the nursing staff when to remove this.
- Unless requested by the surgeon we operate a nurse/physio discharge policy and so you may not see the surgeon before discharge. If you want to see them then please let us know on the day so we have plenty of time in order to contact them.
- When it is time for you to be discharged, the nursing staff will give you a copy of your discharge summary. A copy of this will also be sent to your GP.
- **You will need a responsible adult** to collect you by car or to accompany you in a taxi (not public transport).

People are unique and the alternatives, risks and benefits will of course vary from person to person. We hope this leaflet will support the information you have already received from your doctor in enabling you to make an informed decision. As swelling, tenderness pain and minor serous wound discharge can be normal early after knee replacement, please see photos.



Figure 1: Definitely infected



*Figure 2: Slightly pink scar.
Unlikely to represent infection*



Figure 3: Bruising post knee replacement. No cellulitis. Small haemo-serous ooze on dressing. Can be normal for 1 week post surgery

When you are ready to be discharged home, you may be collected from the ward or taken to the **Patient Discharge Unit**. You will receive continued nursing care from the patient discharge unit until you are collected to go home.

Please do not contact your next of kin regarding your discharge from hospital until the nurse informs you that your discharge documents are ready.

Please ensure you have the following:

- ☐ All your personal belongings
- ☐ Your discharge paperwork and any relevant documentation.
- ☐ The regular medicines you brought into hospital on admission.
- ☐ If applicable any medication to take home. You may have 14 days of tablets to take instead of the injection you were having on the ward to reduce the risk of blood clots occurring.
- ☐ If applicable, a follow-up appointment
- ☐ Your Octenisan® wash bottle to complete treatment
- ☐ You know who to contact with a concern
- ☐ Please inform the nursing staff/ward clerk on leaving the ward
- ☐ Clean dressing on discharge
- ☐ Advice on wound care - please see page 29 for pictures
- ☐ Spare stockings - to be changed every other day
- ☐ Stockings 6 weeks
- ☐ Any intermediate care organised on discharge
- ☐ Completed feedback questionnaire on page 37

If you require to be taken home by hospital transport please note the following:

A specific time cannot be given to pick you up or get you home by.

- It is preferable that you have your own front door key available.
You need to limit your luggage to one bag only.

Please ensure you have loose clothing to wear home as you may have some hip or knee swelling following your surgery, and your transport home has been organised.

The physiotherapists will advise you on exercises to carry on with upon discharge and arrange a follow up physiotherapist appointment.

On discharge your physiotherapist will arrange an appointment with Milton Keynes Hospital physiotherapy department, or your local physiotherapy provider. They will contact you either by letter or over the phone.

- You will be discharged using the appropriate walking aid for your level of mobility
- An increased ache in the knee region usually means that you have increased your level of activity. If you experience any sharp pain, stop activity immediately. If symptoms don't settle, contact your GP for advice
- If swelling persists, wrap a small bag of ice in a wet towel and put it on your knee for 15-20

You will go home with information regarding removal of stitches, if applicable, and any medications needed which the nursing staff will go through with you. Consultant follow up appointment will be made and sent to you if you do not have it to go home with.

Before you go home you should make sure that you know what to do to reduce the risk of a DVT developing refer to page 21.

If you develop any of the symptoms described, and you think it may be a DVT, please seek immediate medical advice.

Your consultant or his team in outpatients will also review you.

Exercises

The following exercises should be performed **10 repetitions of each exercise 3-4 times per day.**

The exercises aim to:

- Strengthen the muscles on the front and back of your thigh
- Enable you to fully straighten your knee
- Enable you to bend your knee to 90° for proper function

Also:

Every day gradually increase your walking distance and the amount of activity you do during the day.

Exercise 1

- Sitting or lying on your back
- Squeeze your buttocks together
- Hold each exercises for 5-10 seconds, relax then repeat

Exercise 2a

- Sit or lie with your legs straight out in front of you
- Push the back of your knee down towards the bed and pull your toes towards you
- You should feel the muscle on the front of your thigh tighten
- Hold for a count of 5, relax then repeat



Exercise 2b

- If instructed by the physio, place a rolled up towel under your ankle to increase the stretch at the back of your knee, and follow the instructions as per exercise 2a



Exercise 3

- Sit or lie with your legs straight out in front of you
- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend
- Slide your heel back down again, relax and repeat x 10



Exercise 4

- Sit or lie with your legs straight out in front of you
- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend
- Relax and repeat



Exercise 5

- Place a rolled up towel under your knee
- Pull your toes up towards you and lift your heel so that your knee is locked straight
- Hold in this position for a count of 3, building up to 10
- Lower leg completely
- Relax and repeat



Exercise 6

- Sit on a sturdy surface with knees bent
- Pull your toes up towards you and straighten your knees as far as you can
- Hold in this position for a count of 3, building up to 10
- Slowly lower your leg
- Relax and repeat



On Discharge

- On discharge your physiotherapist will arrange an appointment with Milton Keynes Hospital physiotherapy department, or your local physiotherapy provider. They will contact you either by letter or over the phone
- You will be discharged using the appropriate walking aid for your level of mobility

Advice

- An increased ache in the knee region usually means that you have increased your level of activity. If you experience any sharp pain, stop activity immediately. If symptoms don't settle, contact your GP for advice
- If swelling persists, wrap a small bag of ice in a wet towel and put it on your knee for 15-20 minutes
- Put your leg up on a stool if you are sat for longer periods to prevent swelling of your lower ankle

Follow Up

The Ward Clerk will phone you after your discharge from hospital to check how your recovery is. You will come back and see the consultant at 6 weeks and then come and see the physiotherapist in the PROMS follow up clinic at 3, 6 and 12 months. They will monitor your progress and can refer you back to the consultant if there are any concerns as well as give you more exercises and advice as needed.

Flying

Most airlines insist you wait 6 weeks after a knee replacement before flying. We advise that you check with your insurance company.

Sexual Intercourse

In the absence of pain, or advice to the contrary from your Consultant, you may resume sexual activity around six to twelve weeks after your operation.

Should you have any questions, please ask your Consultant.

Using crutches on stairs:

With no rail:

- Use 2 elbow crutches
- Hold them as you would for walking

With one rail:

- Use one elbow crutch and one rail / banister
- Then hold both crutches in one hand in a 'T' shape

With two rails:

- Use 2 rails / banisters
- Have someone who can carry your crutches



Going up stairs:

1. Stand at the bottom facing upwards
2. Hold onto rail and / or crutches
3. Move good leg up one step first
4. Move affected leg up to the same step
5. Move crutches to the same step and / or move hands up rail
6. This process is repeated until you reach the top



Going down stairs:

1. Stand at the top of the stairs facing down
2. Hold onto rail and / or crutches
3. Move crutches down one step and / or move hands down the rail
4. Move affected leg down to the same step
5. Move good leg down to the same step
6. This process is repeated until you reach the bottom

GENERAL INFORMATION

PALS (Patient, Advice and Liaison Service)

Patients, relatives and their carers sometimes need to turn to someone for on-the-spot help, advice and support or give feedback on their experience whilst in the hospital.

PALS can help by:

Advising and supporting patients, their families and carers;

- Listening to your feedback and ensuring it is used to improve services to our patients and the public
- Listening to your comments, compliments, concerns and complaints
- Helping to sort out problems quickly on your behalf

Contact:

Tel No: **(01908) 995954** or **(01908) 996222**

E-mail: **pals@mkhospital.nhs.uk**

or write to us at:

PALS

Milton Keynes Hospital NHS Foundation Trust

Oak House, Standing Way, Eaglestone, Milton Keynes. MK6 5LD

The Clinical Surgical Unit is responsible for allocating you the time and date for surgery. Should anything change to your circumstances, or if you need to be removed from our waiting list please contact:

Trauma & Orthopaedic

Tel No: 01908 997006

Email: **trauma.ortho@mkhospital.nhs.uk**

We value your feedback so there is a patient questionnaire on page 35 to be completed on discharge and to be handed to the physiotherapy team.

Useful Contact Numbers

Hospital: **01908 660033**
Same Day Admission (SDA): **01908 996433**
Ward 24: **01908 996991 or 996992**
Physiotherapy Dept: **01908 995432**
Pharmacy Medicine Information: **01908 995733**
Trauma & Orthopaedic: **01908 997006**
Adult Social Care Access Team **01908 253772**
Email: **trauma.ortho@mkhospital.nhs.uk**

Useful Organisations

- Age UK - **01908 550700**
- Arthritis Care
- Arthritis Research Campaign
- Patients Association

Internet Sites

Royal College of Anaesthetists **www.youranaesthetic.info**
European Society of Anaesthesia and Pain Management **www.postoppain.org**
Arthritis Research Campaign **www.arc.org.uk**
Arthritis Foundation **www.arthritis.org**
Zimmer Biomet - Rapid Recovery **www.biomet.co.uk/patient/rapidrecovery**
Best Treatments **www.besttreatments.co.uk**
National Institute for Clinical Excellence **www.nice.org.uk**
NHS Direct Health **www.nhsdirect.nhs.uk**
Royal College of Surgeons **www.rcseng.ac.uk/patients/recovering-from-surgery/knee**

Data Protection and the use of Patient Information

This Trust has developed a policy in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. All of our staff respect these policies and confidentiality is adhered to at all times.

www.dataprotection.gov.uk

All patient leaflets are regularly reviewed and any suggestions you may have as to how they may be improved would be valuable so please complete the feedback questionnaire on page 37.

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 Type of Surgery: **KNEE**

Date:

Orthopaedic Rapid Recovery Programme Patient Feedback Questionnaire (Post Op)

Please take a few minutes before you go home to fill in this questionnaire. It is very important to us that we hear your views on your experience as a joint replacement patient at our hospital. Your feedback is invaluable in helping us to gauge how we are doing as we strive to deliver a first class service. It is also your feedback that helps us to identify how we may improve our service.

PLEASE RATE THE FOLLOWING:	Poor	Fair	Good	Very Good	Excellent
How would you rate your initial appointment with your Consultant?					
How would you rate your overall experience of the pre-assessment clinic appointment/s?					
How would you rate your hospital stay?					
How would you summarise your experience of your joint replacement from start to finish?					

	YES	NO
Did you find the patient information guide useful?		
Did attending Joint School help to reduce your anxiety about your operation?		
Did you feel you were treated with dignity and respect by all healthcare professionals?		
Do you feel appropriate steps were taken to control your pain?		
Were you happy with the physiotherapy you received to get you moving and walking after your operation?		
Did your inpatient stay go as you expected it to?		
Are you confident about going home?		
Would you recommend our joint replacement service to a friend?		

COMMENTS:

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Co-ordinated and written by Angela Shipley with support from Carole Jellicoe, Meryl Newsom, Sue McBirney, Oliver Pearce, Carol Barrett, Janine Jamieson, James Underwood, Tracey Holloway, Sonia Lyons, OT and the pre assessment team.



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Milton Keynes University Hospital 
NHS Foundation Trust

