

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.

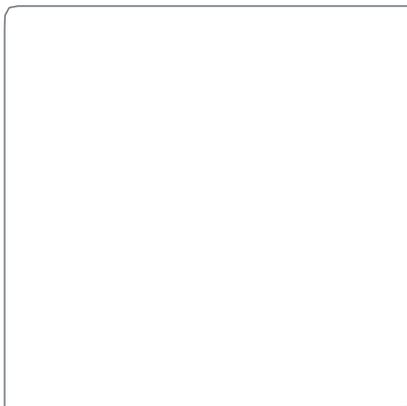


Figure 1: Definitely infected



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

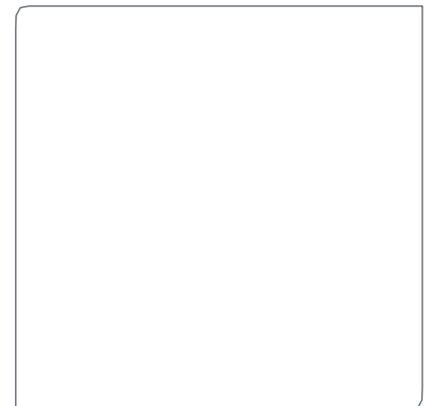


Figure 3: Bruising postknee replacement. No cellulitis. Small haemo-serous ooze on dressing. Can be normal for 1 week post surgery

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 -- delete
- Stockings 6 weeks - delete
- 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:

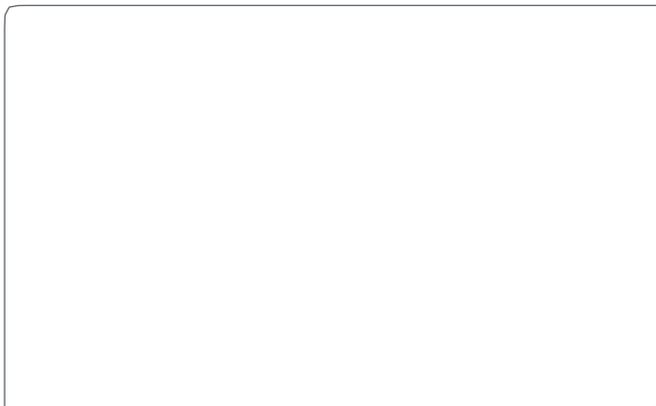
Every day gradually increase your walking distance and the amount of activity you do during the day.

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