

Rapid Recovery in Total Knee Replacement

A Simple Patient Information Sheet for Patients under the care of Mr Patrick Lusty

The following information highlights some of the differences with care under Mr Lusty. It is not proscriptive and variations will occur, depending upon clinical factors and patient request.

Before Surgery

Exercise Buddy All patients will have a meeting with a physiotherapist to run through exercises to improve muscles prior to surgery and aid rehabilitation after surgery. If the patient can bring an exercise buddy/champion to listen to the physiotherapist with them and encourage them after surgery, patient outcomes improve.

Surgery

Patients do not usually have clips or sutures to remove, or any drains left in situ, after the operation. They will have a tight dressing from the toes to the thigh, which supports the knee and improves pain control. This is removed about 24 hours following the surgery.

Pain

This is the biggest concern of most patients having a knee replacement. Modern techniques will allow better pain control and a more rapid recovery. Analgesia is started before surgery. Spinal analgesia gives a better pain control and a quicker recovery. It is possible for patients to have a spinal anaesthetic and to be sedated so they are not aware of the surgery if they want, or general anaesthetic is an alternative option. Local anaesthetic is injected into the knee and regular pain relief is given following surgery with extra analgesia available if this is not sufficient.

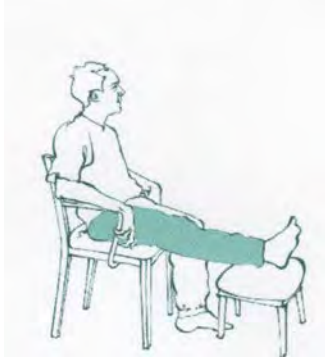
It is important to keep control of pain relief and not put up with the pain. For instance if patients are divided into two groups following surgery and one group is told to put up with as much pain as possible before taking analgesia whereas the second group is told to take pain killers as soon as it hurts. The first group, advised to put up with pain, will take more analgesia and have more pain than the group advised to take pain killers early. A knee replacement will not be pain-free but it can be a tolerable procedure.

Mobilisation

Mobilisation starts in recovery. Patients are encouraged to lift their legs up and to start to bend the knee when they leave the operating theatre. When they return to the ward, about 80% of patients stand on the day of surgery and may take their first steps.

Get It Straight

A great deal of effort is put in to bending the knee. However my priority is knee extension. Patients should sit out of the bed with their bottom on a seat and their foot supported with a stool and nothing behind the knee. This needs to be the main position of rest for the six weeks following surgery. It is important that this is not done using a reclining chair, as this does not get full knee extension by allowing the knee to hang straight.



Timeline / Diary

Before Surgery

Pre-assessment check with the nurses.
Physiotherapist meeting. NB- exercise buddy.

Admission/Day of Surgery

Final consent with the surgeon.
Assessment by anaesthetist.
Surgery.
Mobilisation of knee in recovery.
Standing/first steps.

Day 1 Post-Op

Blood test.
Radiograph.
Walking with frame.

Day 2 Post-Op

Mobilising without bandages.
Progressing to crutches/sticks.
Some patients to mobilise on the stairs.
Some patients discharged.

Day 3 Post-Op

Mobilising on the stairs if required.
Most discharges.

Day 4 + Some patients, through individual circumstances or rate of recovery, do stay longer than 3 days in hospital. This does not have a bearing on their final function. The emphasis needs to be on rapid recovery, rather than rapid discharge.

Follow Up Wound Check at 10 days. Clinical review with the consultant at six weeks.
Review at the anniversary of surgery and biennially thereafter is recommended but may not be funded by insurance companies.