

# My Planned Care Information Platform

## Orthopaedics

### Total Knee Replacement

---

#### Introduction

The COVID pandemic has had a significant impact on our ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is often difficult to identify when treatment will take place. This document provides you with information on how you can support yourself whilst waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

#### Guidance for Patients

It is important that while you are waiting for your surgery you remain as active as you can. We understand this can be difficult as your knee symptoms (arthritic pain, instability, etc.) deteriorate but there are a few things that can help.

- Adequate **pain relief** is essential and, although few people enjoy taking lots of pain killers, trying to keep you comfortable is very important. Finding the right combination and dose of tablets/patches will help you to keep your joints moving and the muscles working. It is best to take some tablets and keep you mobile as otherwise the muscles get weaker which leaves you less able to control the joint with worse symptoms of pain, swelling and instability. Typically a combination of pain killers are needed and they work together.
  - **Paracetamol.** Although rarely adequate in isolation, paracetamol is a good baseline pain killer and has minimal side effects. Taking paracetamol regularly – 2 tablets, four times a day – allows you to take less of the other painkillers (which are generally more likely to cause side effects).
  - **Anti-inflammatory drugs.** These drugs have been specifically developed to deal with arthritic symptoms. They help to reduce pain and swelling around an inflamed joint. There are a wide range available with simple ibuprofen tablets or gels available over the pharmacy counter but many need a prescription. If you have had side effects with one drug it is often worth trying others to see if they cause less trouble. If you have had stomach irritation previously, taking an extra tablet to protect your stomach is likely to be helpful. Please note: patients with lung problems (asthma/COPD), kidney problems or taking certain other medication may be best to avoid this class of pain relief.
  - **Opiates.** Codeine, tramadol and morphine are the most common opiate pain killers. They are a related group of medicines so in general you should only be taking one of them to avoid interactions. The most common side effects are to cause people constipation, to feel sleepy or sick. Some people are more sensitive than others and it

- may be worth reducing the dose or trying a different tablet if your symptoms are bad. Although people worry about getting addicted to opiate drugs, if you are using them to control pain this is rare. For some people with long term pain, you can get prescribed patches which are stuck on your arm and an opiate drug is absorbed through the skin.
- **Other tablets.** There are a number of other pain relief medications available which are appropriate in some patients. These often target nerve pain and so need careful consideration before prescription.
  - **Joint injections.** Once you have been placed on the waiting list for a knee replacement these are probably best avoided. They are unlikely to give you good long term pain relief and having an injection may delay surgery (it increases the risk of infection and we therefore typically wait 6-8 months after an injection before knee replacement surgery).
  - **Alternative therapies.** Some people get a lot of relief from complementary therapy. There is limited evidence to support their routine use but if you find a treatment which works for you, they can be excellent.
- **Keeping active** is extremely important. With pain relief on board you may be able to continue all your usual activities but it may be that you need to consider **modifying your activities**. You have probably already had to do some of this – going on shorter walks, for example – but try to think about what seems to worsen your symptoms most. Using **walking aids** (a stick, crutch, frame, etc.) can help you to continue doing activities but sometimes you will need to find different activities to keep you active. Typically you want to avoid a lot of impacts to the knee and we would encourage you to try some gentle **swimming or cycling** which do not impact the knee much. Even walking in a swimming pool can be helpful as your weight is taken by the water.
- If you find you cannot even do simple forms of exercise it may be that you need to go back to simple home based exercises to build up strength before trying activities again. Simple **physiotherapy exercises** can be found at: <https://www.ruh.nhs.uk/jointreplacement> Here you will find a short video on knee exercises and a link to the knee replacement booklet where these are also listed. Almost everyone can benefit from doing some focused knee exercises before surgery. Exercises need to be done regularly – ideally a few times every day – and you are likely to start noticing a difference after a few weeks. A strong joint is much more likely to hold you up and not only will it help you before the surgery but will also mean you recover more quickly afterwards.
- Lots of people with arthritis put on weight as they cannot exercise as much any more. Once you are taking a good combination of pain relief and are managing to do some exercise, you will hopefully be able to keep your weight down. This will reduce the forces put through your knee joints and can significantly improve your symptoms. **Weight loss** is a difficult thing to achieve when you have painful joints but support is available to you if you need it. Use the body mass index (BMI) as a guide to your weight. Work out your BMI at: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/> If your BMI is high see whether you can get to a healthier level by eating better and becoming more active. Support and advice is available at: <https://www.nhs.uk/better-health/lose-weight/> and <https://www.nhs.uk/better-health/get-active/>

You can also be referred for extra help with weight loss if your BMI is high. Each area has different options but Bath patients can access Swimming World (BMI over 30 – find details at <https://bathneshealthandcare.nhs.uk/wellness/slimming-on-referral/>), and Wiltshire patients can access Healthy Us (BMI over 28 – email [health.coaches@wiltshire.gov.uk](mailto:health.coaches@wiltshire.gov.uk) or call 0300 003 4566 [option 1]).

It should be noted that if your BMI is above 40 we typically delay surgery until you reduce your weight to a healthier level. Excessive weight increases both medical and surgical risks at the time of surgery and can also cause premature failure of knee replacement implants.

- Living a healthy lifestyle will help in the run up to, and recovery from, a knee replacement. Find general advice as well as specific **smoking cessation** advice at:  
<https://wiltshirehealthandcare.nhs.uk/physiotherapy/how-to-be-healthy/>  
or <https://bathneshealthandcare.nhs.uk/wellness/>
- We know that arthritis can lead to social isolation as it becomes increasingly difficult to get out of your house and do the things that you enjoy in life. Your **mental health** is important and if you are feeling low you should speak to someone about this. A lot of people have symptoms of **anxiety and depression** whilst awaiting a knee replacement and controlling these symptoms not only helps whilst you wait for your operation but also leads to better results from the surgery itself. You may have friends and family you can speak to but help is available if you need it. Health care professionals – nurses, pharmacists, GPs, etc. – should be able to guide you in the right direction or alternatively you can find support online:  
<https://www.awp.nhs.uk/>  
<https://beta.bathnes.gov.uk/get-mental-health-advice-and-support>  
<https://www.bathmind.org.uk/>  
<https://www.wiltshire.gov.uk/article/1407/Mental-health-and-wellbeing>
- A lot of attention should be focused on controlling your knee symptoms and preparing the knee for surgery but we should not forget your **general medical health**. Long term conditions such as high blood pressure, diabetes, etc. will be reviewed in the pre-op assessment checks and if they need improved control, your surgery may need to be postponed. If you are worried about other health conditions get them checked out by a health care professional.
- There are several very **useful websites** which will cover much of the above. These can help you manage some of the symptoms you are experiencing and give guidance regarding other help and support you may be able to access:
  - **RUH website** - <https://www.ruh.nhs.uk/jointreplacement>  
A number of videos are available running you through a 'virtual joint school' with links to the knee replacement surgery booklet and contact details for the ward and other useful contacts.
  - **Age UK** - <https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/arthritis/>

Provides information on activities and exercise classes held by local Age UK representatives. They also signpost advice on healthy eating options and maintaining a healthy weight. Useful advice about options available to get help in the home (<https://www.ageuk.org.uk/information-advice/care/arranging-care/homecare/>)

- **Versus Arthritis** - <https://www.versusarthritis.org/>  
Versus Arthritis is an arthritis charity, especially geared towards helping individuals manage differing forms of arthritis. They offer online exercise programmes especially designed for those with painful arthritic conditions and self-help tips for managing arthritic pain.
- **Living with arthritis** - <https://www.nhs.uk/conditions/arthritis/living-with/>  
This website carries useful information for those still at work and dealing with the impact of arthritis and useful links to financial and local government websites that may be able to offer you further support in your home.

We are all focused on recovery of elective services and are trying our best to improve efficiency and deliver your care as swiftly and safely as possible. Hopefully this document will help you in the short term and we will hope to see you for your knee replacement soon.

#### **Contacts:**

**Philip Yeoman Ward (B41)** **01225 825477**

**01225 825476**

**Advanced Orthopaedic Practitioners** **07464 494004**

**Admissions Desk** **01225 824680**

**01225 825368**

**01225 824446**

**Nurse Advice Line** **01225 821668**

**Elective Orthopaedic Co-ordinator** **01225 825513**

or email: [ruh-tr.electiveadmissions@nhs.net](mailto:ruh-tr.electiveadmissions@nhs.net)

**RUH Therapies Department** **01225 824293**

or email: [ruh-tr.therapiesoutpatientadmin@nhs.net](mailto:ruh-tr.therapiesoutpatientadmin@nhs.net)

## Document Control Information

---

The following people have submitted responses to the consultation process:

Name of Committee/s (if applicable)	Date of Committee