Oxford University Hospitals NHS
NHS Trust

UNIVERSITY OF OXFORD

INFORMATION ABOUT YOUR OPERATION AND WHAT TO EXPECT AFTERWARDS AT HOME

Oxford Unicompartmental Knee Replacement

INFORMATION DEVELOPED WITH PATIENTS FOR PATIENTS

ABOUT YOUR OPERATION

ABOUT PAIN RELIEF

ABOUT RECOVERY

READ THIS BOOKLET AND OR VISIT THE TEPI WEBSITE AT

www.ndorms.ox.ac.uk/tepi

This information booklet can also be viewed in video graphic and voice format at www.ndorms.ox.ac.uk/tepi

It has been produced to help you understand your operation and to gain the maximum benefit from your operation.

It is not a substitute for professional medical care and should be used in association with advice and treatment provided by your treating hospital.

Individual variations requiring specific instructions not mentioned here **may be required**.

Using patient feedback, this booklet was written in December 2015 by:

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Help and feedback was given from many people who have had Oxford unicompartmental knee replacement.

Contents

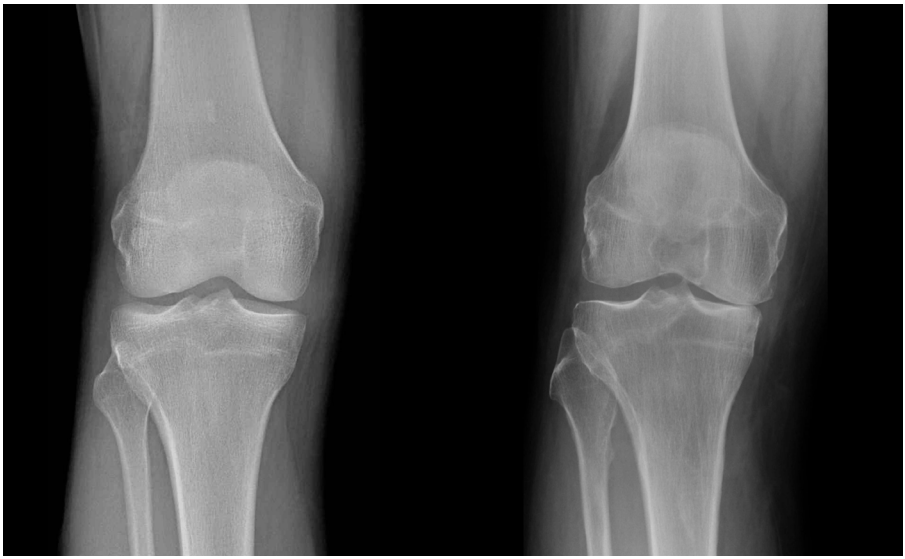
About your knee

The knee joint is one of the largest joints within the body, working mainly as a complex hinge. It is made from four bones; the femur (thigh bone), the tibia (shin bone), the fibula and the patella (knee cap). The joint is divided into three compartments; medial, lateral and patello-femoral.

The bony ends of the knee joint are covered with articular cartilage, with shock absorbing meniscal cartilage found between the tibia and the femur.

The movement of the joint is normally smooth and painless as the surfaces glide over each other as you bend the knee.

Right knee xray – viewed from the front (a) without arthritis and (b) with arthritis



Developing osteoarthritis in your knee

Arthritis results in loss of the smooth articular cartilage that normally covers the surfaces of your knee joint. Consequently, when your knee joint moves, the worn out surfaces of the end of the thigh bone (femur) and top of the shin bone (tibia) rub against each other causing pain. The joint will become progressively stiff adding to the problem. Most people also get pain that can wake them at night even when the knee joint is not moving.

Making a shared decision about your treatment options

For some patients with arthritis, the symptoms may improve with non-surgical treatments such as painkillers, weight-loss and physiotherapy. However, if your symptoms are not helped by these means, knee joint replacement surgery is an option. The main aim of surgery is to relieve your pain and to improve the function in your knee, helping you walk longer distances, get back to the activities you enjoy, and improve your quality of life.

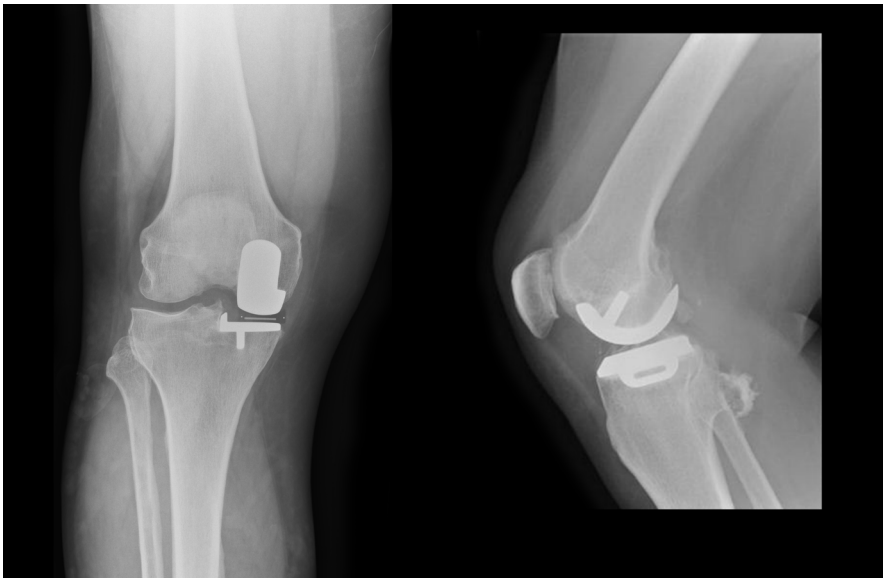
Oxford Unicompartmental Knee Replacement

Depending on how much of your knee is affected by arthritis, surgeons can sometimes perform a partial knee replacement (also known as a unicompartmental knee replacement, UKR) as opposed to a total knee replacement (TKR). In most cases, the clinical team can say whether a UKR is possible before your surgery. The final decision whether to perform a UKR or a TKR is made at the time of your surgery when the surgeon inspects the knee joint surfaces and ligaments.

If you are suitable for UKR, there are a number of potential benefits. These are:

- Medical complications are minimised
- There is less blood loss during surgery and hence less chance of requiring a blood transfusion
- UKR is performed through a smaller incision with less soft tissue disruption
- Recovery is faster
- Patients often have a very good range of movement in their knee after surgery
- We see very high levels of satisfaction in patients who have had this procedure

The Oxford Partial Knee Replacement



How successful is UKR surgery?

One of the key factors for a successful outcome after UKR surgery is the number of UKR cases carried out by the hospital. The Oxford UKR was developed at the Nuffield Orthopaedic Centre in the 1970s and has been routinely used for the treatment of medial knee OA since the 1980's. We are a centre that specialises in this procedure and we perform some of the highest numbers of UKRs worldwide. This is reflected by our excellent success rate following this type of surgery.

In our hospital, 85% of patients who undergo a UKR have a successful outcome with a large improvement in their quality of life. From the remaining 15%, approximately 10% of patients improve but not quite to the extent they had hoped, and 5% have a poor outcome.

What are the risks of surgery?

All operations involve an element of risk. Risks you should be aware of before and after your operation include:

Medical problems

Infection: A number of precautions are undertaken to prevent infection during this type of surgery. (They include the use of antibiotics as well as performing the surgery under strict sterile conditions in the operating theatres.) Despite these precautions, there is a risk of developing infection but this is less than 1%.

Hospital-acquired blood clots: Operations involving the lower limb carry a risk of blood clots that can form in the deep veins of the legs (Deep Vein Thrombosis, DVT) and the lungs (Pulmonary Embolus, PE). The overall risk of DVT is between 2-5%. The risk of PE is less than 1% but it is a serious complication. We will make a careful assessment of your risk and follow the National Guidelines for minimising this risk.

Ongoing Pain: You may continue to experience some pain following this procedure. This is usually between 2-5%.

Stiffness: There is a small risk (usually less than 1%) that the knee joint remains stiff due to scar tissue

Bleeding: Occasionally (<5%) there may be continued bleeding into or around the knee which can leak into the dressing over the wound. This can take a few days to settle, but very few patients require a blood transfusion or further surgery.

Nerve/Vessel/Tendon damage: Is very rare (less than 1%)

Dislocation of bearing: There is a less than 1% chance the mobile bearing of your UKR may dislocate and require surgery to address this problem

Need for revision/re-do surgery: Your knee replacement may wear out or become loose over time (usually many years) and require further surgery to replace the worn components. This means that for each patient there is approximately a 1% chance each year that more surgery will be required. Overall 80% of patients are still functioning well at 20 years after their surgery.

Pre-operative Assessment Clinic (POAC)

POAC is to assess your medical fitness for surgery. Many patients can be assessed on the same day as their outpatient clinic appointment but some will have to return on another day for further assessment and tests. Most people will at least need some blood tests, a urine test, a tracing of their heart rhythm (called an ECG), and occasionally further knee x-rays. Please bring all your medication with you to the POAC so that we can keep a record of them.

The day before your surgery

Eating / Drinking / Smoking: It is important that no food is consumed within 6 hours before your surgery. Therefore, if you have been asked to come into hospital early in the morning, we request that you do not eat anything after midnight. You may drink small quantities of water (up to 150ml) within 6 hours before your surgery. Please do not smoke on the days preceding your surgery as this may affect the outcome of your surgery.

Medication: Please bring all your medication with you to hospital.

Bathing/Showering: Please bathe or shower the morning before coming into hospital and use the special wash (called chlorhexidine or Hibiscrub) that you were given in the POAC.

Day of surgery

Patients are routinely admitted to the ward on the day of their surgery unless there is a specific clinical reason for coming in earlier. Please arrive on the specified ward at 7am. It is important that you arrive on time as any delay in your arrival may result in your surgery being cancelled. (Note: The reason that all patients need to arrive at 7am is that sometimes the order of the operations may be changed on the morning of surgery due to clinical reasons. Hence it is important that all patients are prepared for surgery at the beginning of the day)

You will be admitted by one of our nursing staff who will check your pulse, blood pressure and other vital signs. A member of the surgical team will visit you again to answer any further questions and clarify your consent for undergoing a UKR.

A member of the anaesthetic team will also visit you to explain the type of anaesthetic and the pain relief you will receive during and after the surgery. You will either have your surgery under a general anaesthetic or spinal anaesthetic. The anaesthetist will discuss the details of these two techniques with you in order to decide on the most suitable technique for you.

The surgery

UKR is performed under sterile conditions in the operating theatre. You will be anaesthetised so that you don't experience any pain or discomfort during the operation. A vertical incision about 10cm long is made over your knee and the worn out joint surfaces are removed. The lower thighbone (femur) surface is replaced with a new rounded metal surface and the upper shinbone (tibia) surface is replaced by a flat metal surface. A plastic insert (called a "bearing") is then placed between these two metal components so they can glide smoothly on one another when you bend and straighten your knee. The wound is closed with sutures or surgical clips. It is then dressed with a sterile waterproof dressing and wrapped in a bandage.

After the surgery, you will be transferred to the recovery suite for further monitoring. You will also have a small drip in your arm for administering medication. Routine measurements of your vital signs (such as pulse and blood pressure) are taken at regular intervals and you will be transferred to one of the wards after a few hours.

The first few days after surgery

Immediately after the operation, with the modern-day anaesthetic techniques, most patients have very little pain. In patients where this is more of an issue, we work very hard to make you as comfortable as possible.

For the vast majority our team will stand you up and help you walk within 24 hours. You will be able to eat and drink within a few hours.

Your physiotherapists will oversee your rehabilitation and help you to stand up and walk as soon as it is safe to do so. They will ensure that you can walk independently and safely using crutches or sticks and advise you on stair climbing. During this initial 24 to 48 hour period it is common for your knee to swell and feel painful –THIS IS NORMAL. Again we will work with you to control the pain. You will have a routine x-ray of your knee before going home in order to check the position of the knee replacement.

Your surgical team will visit you regularly to check on your recovery and answer any questions you may have concerning your surgery and post-operative care. Your wound must be kept dry until your stitches or clips have been removed (usually 10 days following your operation).

Some patients may find it difficult to sit on the toilet during the first 24 hours due to feeling unsteady from the anaesthetic agents and also due to

discomfort in the knee. This is normal and in such circumstances, the nursing staff will help you to use a bedpan.

As a routine part of preventing the development of blood clots in the leg, you will be required to wear compression stockings (called TEDS) and have blood-thinning injections (called Heparin) following your surgery for approximately 2 weeks. The exact length of this treatment would be discussed with you prior to discharge from hospital.

Ready to go home

Many patients will go home safely within 24 hours of their surgery while others may take longer. For all patients, the following items are required prior to being discharged:

- Physiotherapists are happy with your mobility and you are performing your exercises correctly
- Clinical team are happy with the status of your wound and your post-operative progress
- Pain management for home is in place and any tablets have been prescribed

After leaving hospital & recovering at home

Please ensure that your wound is covered with the dressings and kept dry until the clips/sutures are removed. We will arrange for you to have this carried out either at your GP surgery by the practice nurse or at home by the District Nurse at about 10 days following your surgery.

Your follow-up visit will normally take place at the Nuffield Orthopaedic Centre approximately 6 weeks after your operation. Most patients are discharged by the orthopaedic clinic at this point if there are no outstanding issues related to their UKR. However, we will monitor your progress by sending you special postal questionnaires to ensure that you are on track in terms of your recovery.

Pain relief after the operation.

As with all joint replacement operations, it is normal to have some pain after your surgery. You will be given painkilling tablets to help reduce this.

We strongly advise you to take the painkillers before going to bed on the day of your operation. Continue to take the painkillers regularly, at the dose prescribed, for the first few days after surgery. This tends to work better than waiting until the knee is painful before taking pain relief because tablets normally take about one hour to reach their full effect. As the pain settles in

the first 6 weeks you can reduce the dose or how often you are taking the painkillers.

You should be given two or three different types of painkilling tablets to take home. The different tablets reduce pain in different ways, so it is best to take them as a combination of drugs rather than a single drug on its own. It is normal to experience pain in the first 6 weeks after your surgery but this will improve. Your pain is likely to improve for up to 6 months after your surgery.

What painkilling tablets will I be given?

This depends both on the anaesthetic type you have and any side effects you may be susceptible to.

Paracetamol

This is an effective painkiller particularly when taken regularly. It has a reputation for being weak but you should not forget it as it helps reduce the amount of other drugs you need. It has very few side effects.

Codeine (codeine phosphate)

This painkiller is moderately strong when taken at the same time as Paracetamol. It causes sleepiness, mild nausea and constipation in some people. You may wish to increase fruit and fibre in your diet or take a laxative whilst you are on codeine.

Co-codamol

This is a mixture of Paracetamol and Codeine Phosphate. You should not take additional Paracetamol or Codeine while you are taking Co-codamol. If the side-effects of the Codeine affect you (see above), you should stop taking the Co-codamol and take Paracetamol instead.

Diclofenac/Ibuprofen

These aspirin-like drugs are very effective painkillers. They can make indigestion worse however, and you should not take them if you have had a stomach ulcer in the past. Some people with severe asthma may also have been advised to avoid them but they rarely cause breathing problems.

Morphine/Sevredol/Oxycodone

These opiate tablets are the strongest you can use outside hospitals and are very effective painkillers. They can make people drowsy, nauseous or constipated. If you find these side effects troublesome you may want to stop them or reduce the dose. For most patients these are the painkillers to stop first after your operation.

Other Commonly asked questions

How long will I be in hospital?

One of the advantages of UKR is that the recovery is faster and hence many patients go home safely within 24 hours of their surgery but others may take longer. (Note: Patients who can be discharged home on the same day as their surgery are identified beforehand and will be provided with further information with regards to this pathway).

What do I do about the wound?

Please ensure that your wound is covered with the dressings and kept dry until the clips/sutures are removed. We will arrange for you to have this carried out either at your GP surgery by the practice nurse or at home by the District Nurse. You can wash or shower and use ice packs, but protect the wound with cling film. Avoid using spray deodorant, lotions or perfumes near or on the wounds until they are well healed.

Do I need to do exercises?

Yes.

This is an extremely important part of the recovery as only you can get the movement and strength back in your knee. There are some simple exercises shown in this booklet and on the TEPI website (www.ndorms.ox.ac.uk/tepi). They aim to stop your knee getting stiff and to strengthen the muscles. It is common for pain to be present immediately after surgery and for some weeks. Use pain medication to control the pain and do not be frightened to move your knee joint and walk. Initially the best exercise will be moving the knee during normal, gentle activities.

You cannot damage the surgery that has been done but overall let the pain settle before over-challenging the knee. You can increase activities and exercises if you are comfortable – but you will be given individual specific exercises when you attend for your follow up clinic appointment.

Are there things that I should avoid?

There are no restrictions (other than the pain) to movement although kneeling on your knee is not recommended until about 6 weeks after surgery.

When do I return to the outpatient clinic and who will I see there?

Your follow-up visit will normally take place at the Nuffield Orthopaedic Centre approximately 6 weeks after your operation. You will be reviewed by one of the members of the team – this will most likely be one of our Specialist Physiotherapists. Most patients are discharged by the orthopaedic team at this point if there are no outstanding issues related to their UKR.

However, we will monitor your progress by sending you special postal questionnaires to ensure that you are on track in terms of your recovery.

How am I likely to progress?

The overall results of UKR surgery are very good but do not be disappointed if you still have pain 6 - 12 weeks following your surgery. This will gradually lessen but it is important to continue.with your exercises as pain will allow. Overall progress can vary considerably but for most people improvements in pain and function happen steadily and continue for up to a year or even 2 years.

When can I drive?

Drive once you are no longer using your crutches or sticks and feel you can be in complete control of your vehicle. For most patients it may be possible to drive at around 6 weeks depending on how quickly you are recovering.

When can I return to work?

Returning to work depends on your level of mobility and your job but you must avoid any strenuous activities for at least three months (for example lifting heavy objects). Ask your consultant and physiotherapist about specific work related or sporting activities.

When can I participate in my leisure activities?

In general you can start to try your leisure activities any time between 6 weeks and 6 months but this will depend on your progress following surgery and the activity involved. Regular exercise is recommended but avoid high impact activities such as running.

Swimming: We recommend that you use front or back crawl, avoiding breast stroke until at least six months. If breast stroke is uncomfortable when you try it, leave it for 2-3 weeks and try again once you are a little stronger. As with all exercises build up the amount you do gradually

Cycling: Only cycle if your knee feels comfortable on a full turn of the pedal and it is not being forced to bend. You may like to begin with an exercise bicycle then progress to an outdoor bicycle when you feel safe to do so.

Gym Work: If you wish, you can return to your local gym from 6 weeks onwards. Start with gentle non-impact activities and progress the exercise intensity and variety gradually as you get stronger. Do remember to warm up prior to starting heavier exercises.

How long will my UKR last?

Results from Oxford show that 85% of patients will still have a well functioning UKR at 20 years after surgery.

Who can I contact if there is a problem?

For 'Day Case' patients discharged within 48 hours of surgery, please contact the hospital using the advice given to you on discharge. If you would like medical advice in the case of an emergency, you should contact your GP.

If you have an appointment query you should contact your Consultant's secretary via the main hospital Switchboard on 01865 741155.

If you have a question regarding your exercises and mobility contact the Physiotherapy Department on 01865 738074.

Exercises

Use pain-killers and/or ice packs to reduce the pain before you exercise, if necessary. Do short, frequent sessions (e.g. 5-10 minutes, 4 times a day) rather than one long session.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However intense and lasting pain (e.g. more than 30 minutes) is an indication to change the exercise by doing it less forcefully or less often. Pain does not mean damage is occuring.

A stage 1 exercise programme is shown on the next pages.

If you prefer you can go to the TEPI website at www.ndorms.ox.ac.uk/tepi where there are video examples of these stage 1 exercises and also stage 2 exercises for those progressing well. You can continue with these until you see the physiotherapist usually at your review appointment at around 4-6 weeks.

Walking

You will be taught by the physiotherapist how to walk with appropriate walking aids, probably crutches, putting as much weight through your operated leg as is comfortable.

You should continue to use the walking aids provided until about two weeks after your operation. It is important not to discard your crutches or sticks too quickly. It is better to walk well with a walking aid than to limp without it.

Points to aim for when walking:

- Step length – make sure both steps are of equal length
- Rhythm – try to spend the same length of time on each leg
- Always put your heel on the ground first
- Remember: when turning around, take care not to twist your knee. Step around taking small steps

Climbing up Stairs

If you prefer you may wish to use the banister, if you have one, to go up and down the stairs. Hold the banister with one hand and the crutch in the opposite hand. If you want to carry the other crutch up and down the stairs with you, hold it in a "T" shape against the other crutch as shown in the picture. Remember to carry the second crutch on the outside so that if you do drop it, it won't hit your legs or trip you up.

Climbing up Stairs

1. Unaffected (good) leg.
2. Operated (bad) leg
3. Crutches / stick

Climbing down Stairs

1. Crutches / stick
2. Operated (bad) leg
3. Unaffected (good) leg

General advice

Do your exercises about 30 minutes after you take your pain relief.

Perform these exercises at least twice a day. Start by doing each exercise 10 times or as many as comfort allows up to a maximum of 20 repetitions. Try to do them correctly every time.

If you feel you are struggling to do any of the exercises stop and rest. Then try it again a few hours later.

Remember that a small number of correctly performed exercises is much better than many incorrect exercises.

Little and often is best.

If:

- You get pain lasting more than 2 hours after exercise
- There is a significant increase in swelling
- You are not able to complete 6 good quality repetitions of the exercise

Decrease the number of repetitions and/or decrease the effort you are making

If:

- You are able to complete about 6 - 12 good quality exercises but are still finding the exercises quite difficult to perform
- The pain in your knee is staying about the same

Keep doing the same number of exercises

If:

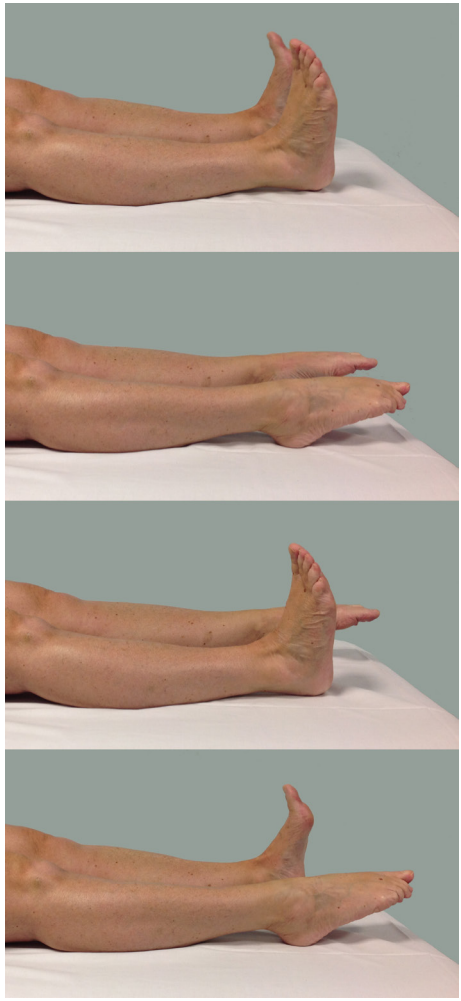
- You can complete more than 12 good quality exercises and the exercises are getting easier to perform
- The pain and swelling in your knee is getting less

Increase the number of exercises you are doing

Exercises

Day 0 - Week 2.

1. Ankle Pumps



- Lying on your bed pump both feet up and down by pulling your toes and ankles towards you and then pointing them away from you as far as possible.
- Repeat ten times

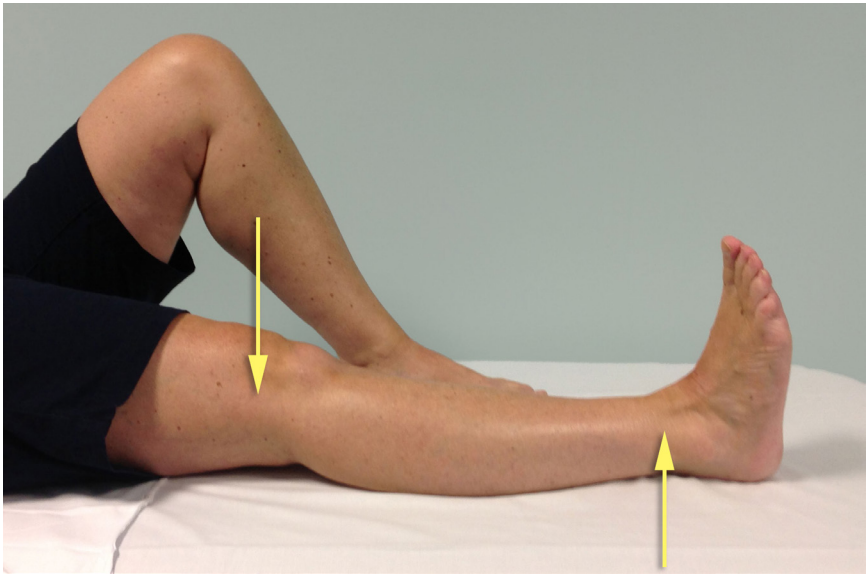
- You can also do this by alternating your feet so the right one is pointed down while the left one is pulled towards you, then change direction.
- Repeat ten times

- Progress this exercise by performing the foot and ankle movements more strongly
- When you are in bed less and walking around more you can do this exercise less often.

It is best to do exercises 2 - 5 lying flat on your back with your head on a pillow. If you are not comfortable lying flat you can sit more upright on a bed with your legs stretched out straight in front of you.

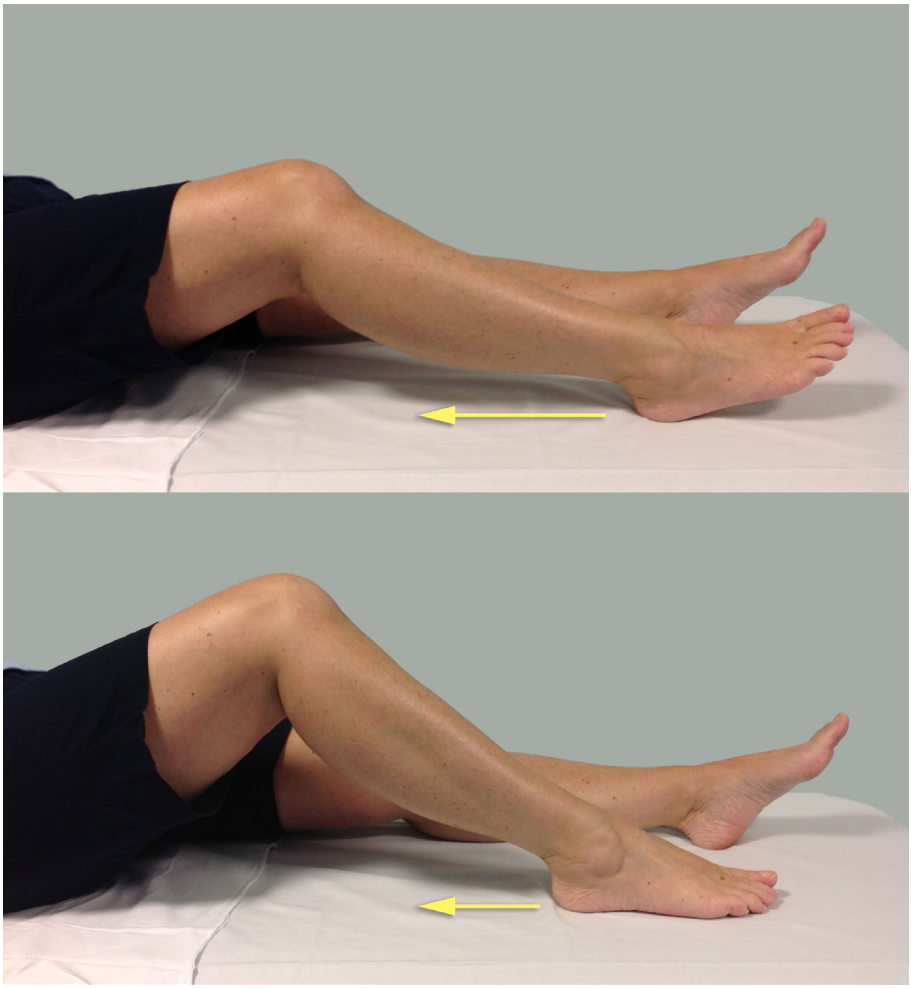
2. Static Quadriceps Contraction

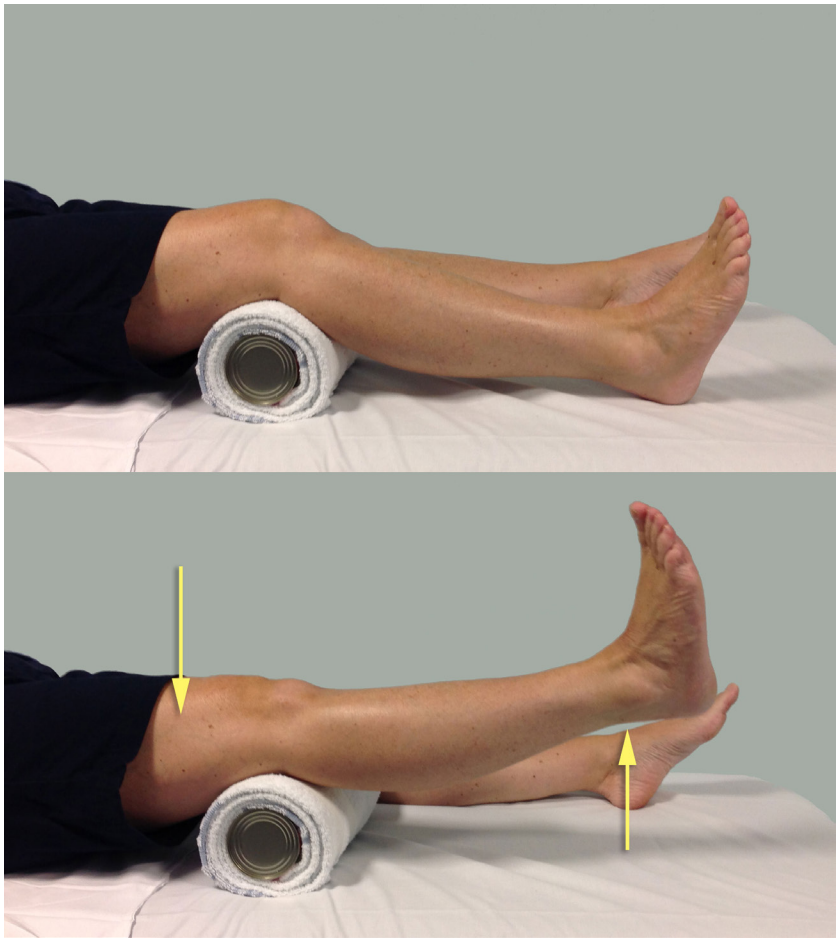
- Tighten your thigh (quadriceps) muscles by pushing the back of your knee down into the bed and pulling your toes up towards you.
- Hold for approximately five seconds and relax completely.
- Aim to repeat ten times.
- Progress by increasing the length of time you hold the contraction up to ten seconds.



3. Knee Bending Exercise in Lying

- Slowly slide your heel up towards your bottom, allowing your knee to bend gently. Increase the amount of bend in your knee as comfort allows.
- Slide your heel back down again and relax completely.
- Aim to repeat ten times
- Progress by slowly and gently increasing the amount of bend in your knee



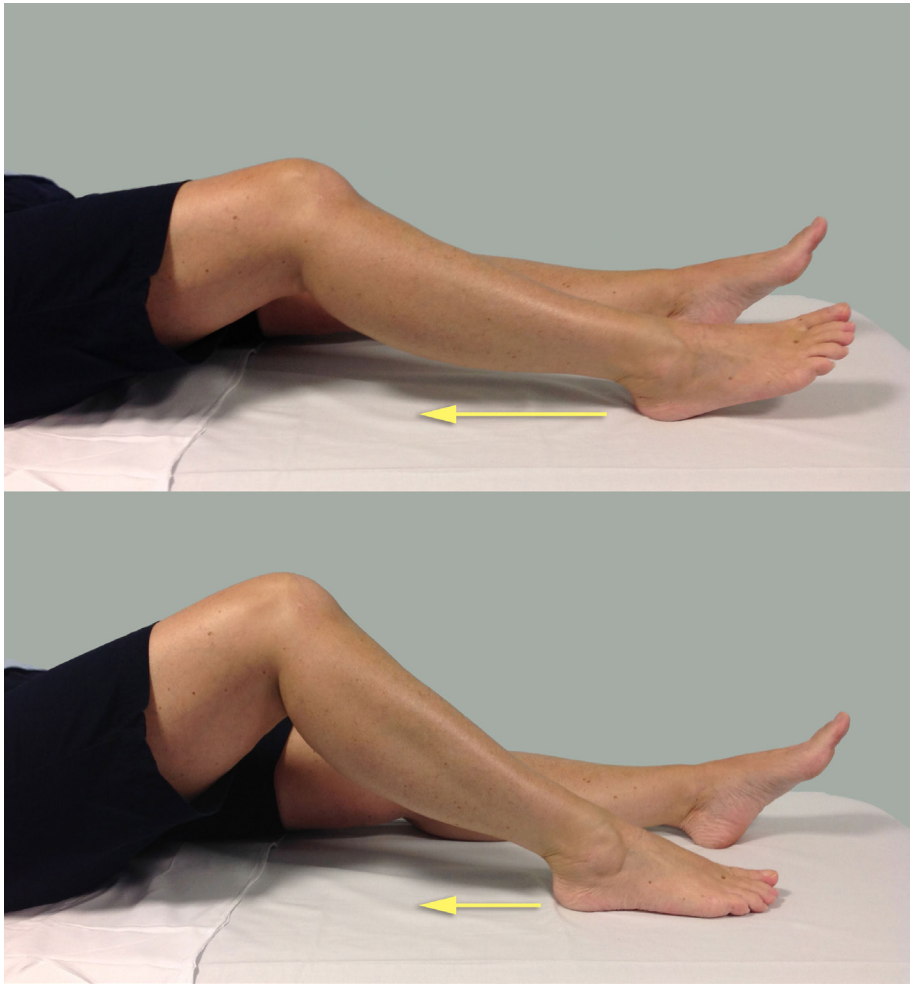


4. Inner Range Quadriceps

- Place a firm cylinder (such as a tin of soup wrapped in a towel) under your knee.
- Pull your foot and toes up, tighten your thigh muscles, push the back of your knee into the towel and straighten your knee, lifting your heel off the bed, whilst keeping the back of your knee on the towel. Aim to get your knee fully straight
- Hold for approximately five seconds.
- Relax completely
- Aim to repeat ten times
- Progress by gradually increasing the hold to ten seconds as you get stronger.

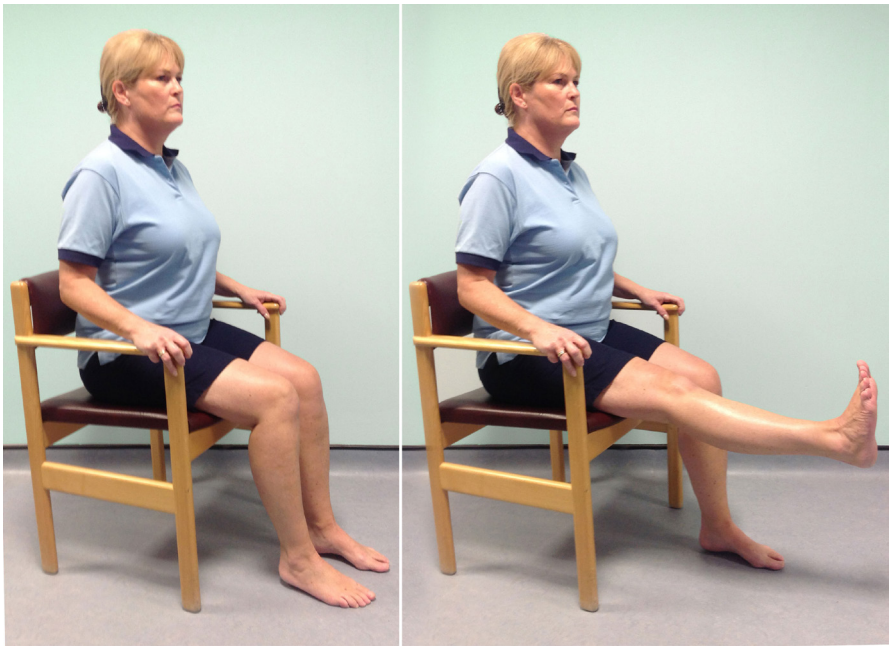
5. Knee Extension

- Place a rolled up towel under the heel of your operated leg.
- Try to relax your leg allowing it to fully straighten.
- Aim to keep your leg in this straight position for approximately one minute
- Progress by increasing the time you spend with your leg fully straight aiming for a hold of two to three minutes.



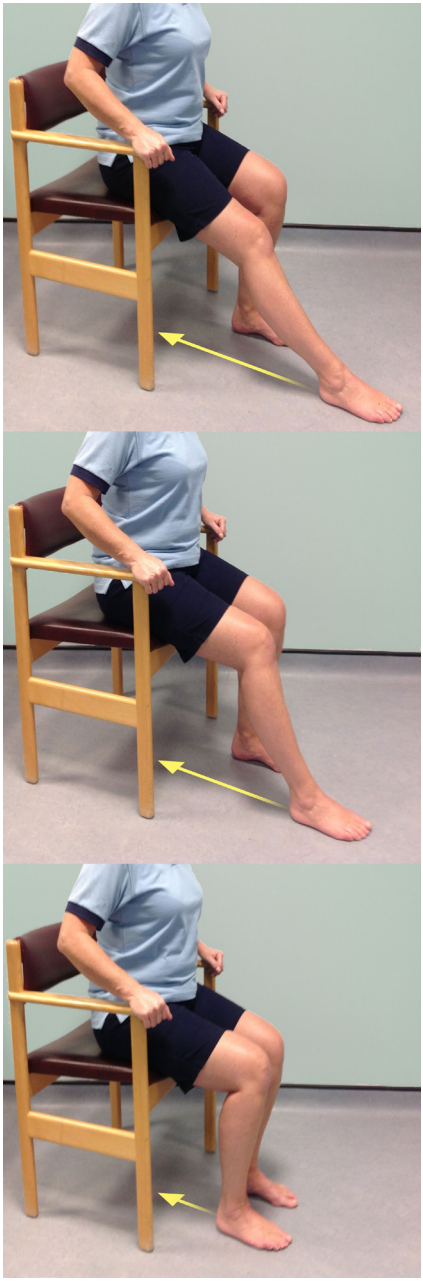
6. Knee Bending Exercise in Standing

- Stand with your hands supported on a high surface such as the kitchen worktop.
- Bend your knee by lifting your heel up towards your bottom.
- Hold for approximately five seconds.
- Lower foot to ground.
- Relax completely.
- Aim to repeat ten times
- Progress by gradually increasing the hold to ten seconds as you get stronger.



7. Knee Straightening in Sitting

- Sit on a firm chair with your feet on the floor
- Pull your toes up towards you tightening your thigh muscles. Straighten your knee as far as you can, aiming to get it completely straight. Hold for three seconds then slowly lower your leg.
- Aim to repeat ten times
- Progress by gradually getting your knee completely straight as comfort and swelling allow. Progress the hold to ten seconds as you get stronger.

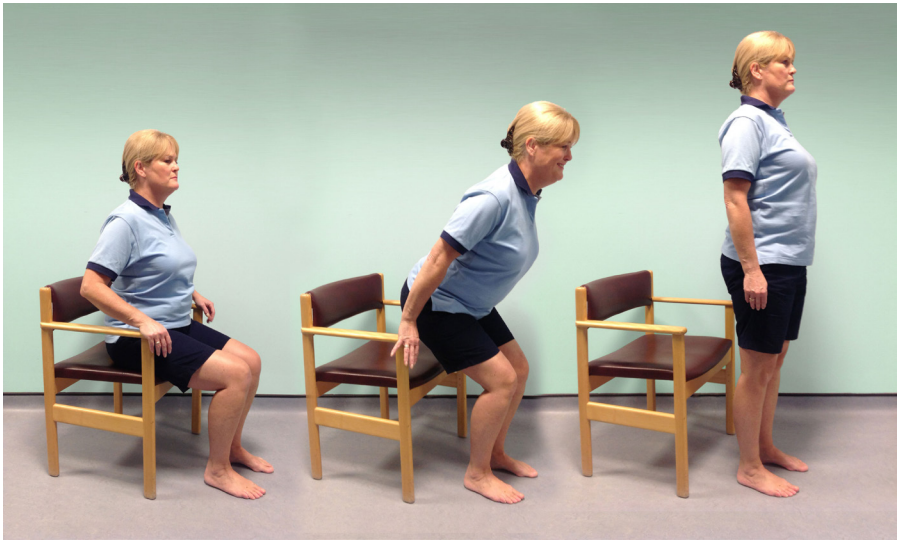


8. Knee Bending in Sitting

- Sit on a firm chair with your feet on the floor
- Slowly slide the foot of the operated leg back towards the chair bending your knee as far as is comfortable.
- Aim to repeat ten times
- Progress by gradually increasing how far your foot slides back under the chair as comfort and swelling allows.

9. Placing Operated Leg onto a Step and Off Again

- Stand at the bottom of a flight of stairs and hold the banister gently for support/balance.
- Place your operated leg up onto the first step . Hold for a count of three seconds. Step down.
- Aim to repeat ten times
- Progress by slowly increasing the hold up to ten seconds.



10. Sitting to Standing

- Sit on a firm chair with arm rests.
- Bend both knees as far back as possible keeping your feet flat on the floor.
- Slowly stand up and sit down. You may use your arms for support if you feel it is necessary.
- Aim to repeat ten times.
- Progress by decreasing the amount of support from your arms. Eventually you may not need to use your arms for support.

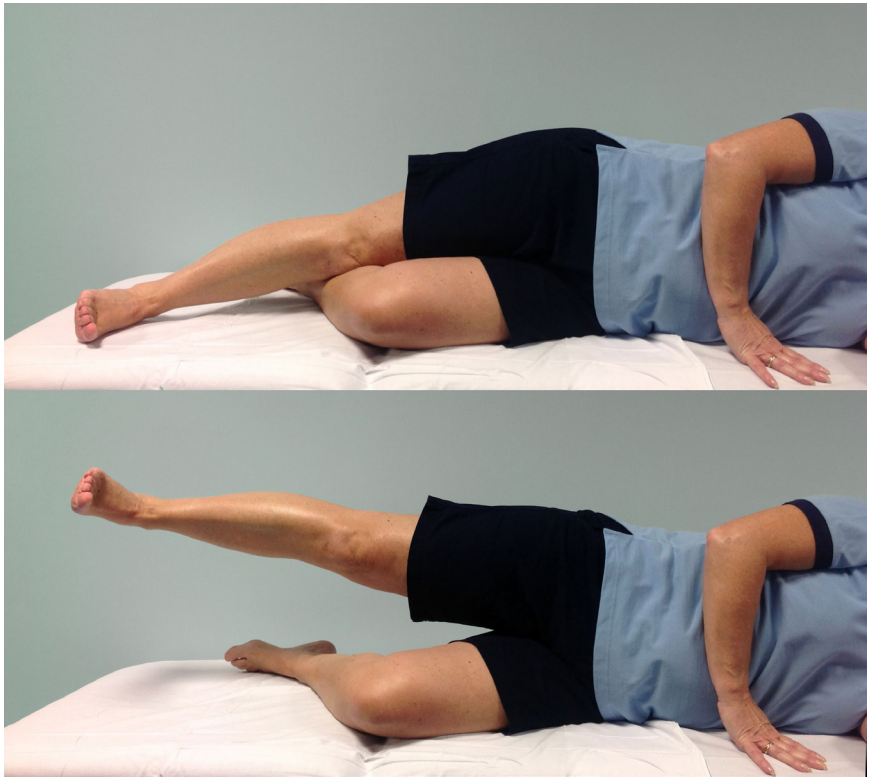
Weeks 2-6 after your operation

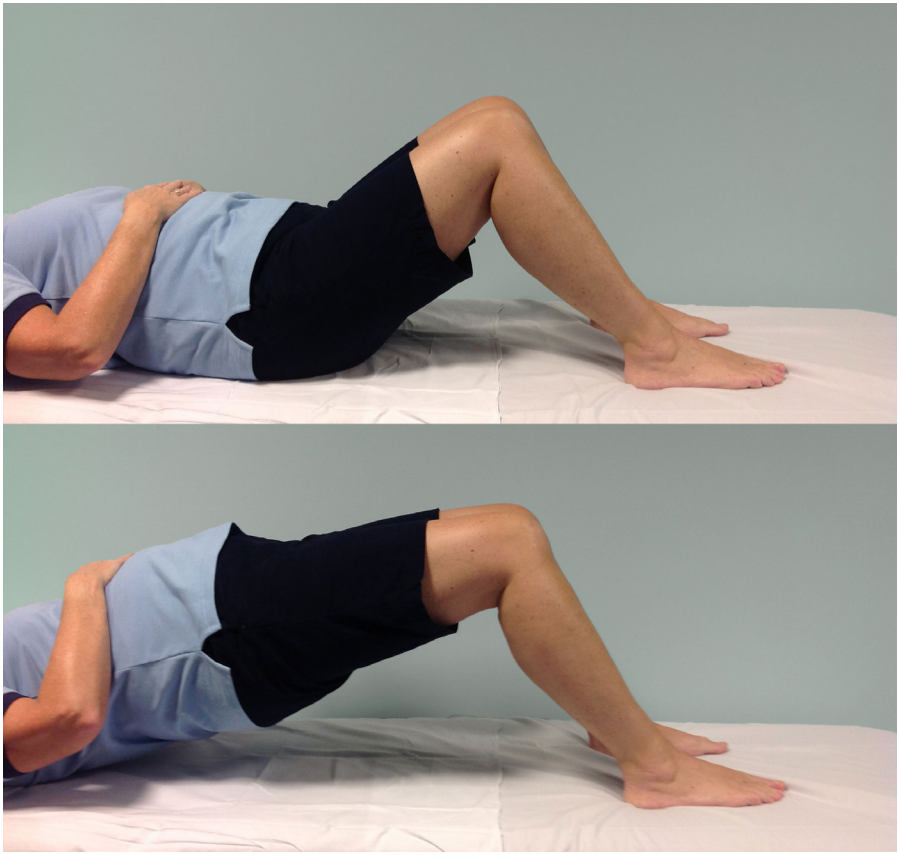
Continue to perform exercises 2 – 10.

Now try and increase them up to a maximum of 20 repetitions. When you feel able, add in the following three exercises.

11. Leg Raise in Side Lying

- Lie on your side with your operated leg uppermost.
- Bend your lower knee to make you more balanced whilst lying on your side
- Slowly lift and lower your operated leg using the outer muscles of the thigh.
- Aim to repeat ten times





11. Leg Raise in Side Lying

- Lie flat on your back with your knees bent.
- Have your arms by your sides.
- Lift your bottom off the bed by pushing your heels down onto the bed.
- Hold for up to ten seconds
- Relax
- Aim to repeat ten times

- Progress by folding your arms across your chest while doing the exercise.

13. Calf Stretch

You may not feel comfortable to begin these stretches until 3-4 weeks after your operation

- Stand with your hands supported on a high surface such as the kitchen worktop.
- Have your feet pointing forwards with your operated leg behind
- Keep your operated knee straight with your heel down on the floor
- Lean forwards until you feel a stretch in your calf and don't let your heel come off the floor
- Hold the stretch for 20-30 seconds
- Relax
- Aim to repeat three times
- Progress by holding the stretch for up to one minute.

General Advice:

Many patients find it very helpful to continue with some/all of the above exercises for many months after their surgery. However, a gradual increase in a normal active lifestyle which includes regular exercise such as walking and some of the above exercises will help you regain full function in your knee and prepare you for more active pastimes.

Physiotherapy Drop In Session

Mondays 1:30 – 3:00 (excluding bank holidays) in the Physiotherapy Department

If you feel you are not making good progress or are not achieving your goals in the first 12 weeks after surgery you can come to the hospital and see a physiotherapist.

Telephone 01865 738084 between 8:15 - 9:00 on a Monday morning to book an appointment slot if you wish to attend.

This is not an exercise class or group session. You will be seen individually on a first come first seen basis and may have to wait to be seen. Please wear loose fitting clothes suitable for an assessment of your knee.