

Planning your discharge from hospital



Planned Hip & Knee Replacement Surgery Information for patients



Introduction

This leaflet will provide you with advice on how to look after yourself following surgery. We hope you have found everything to your satisfaction whilst in hospital, however, if you have any concerns, please raise them with a member of staff so we can deal with them promptly.

Follow-up

If you are discharged 1 - 2 days after your operation, one of the Enhanced Recovery After Surgery (ERAS) team will call you around 7 days after discharge.

You will also receive an appointment for around 6-8 weeks' time where you will be reviewed by one of our Consultants or Arthroplasty Practitioners.

If you have any questions or concerns in the meantime, please contact:

ERAS Practitioner/Assistant - 0131 242 3494

Ward 220 Nurse in Charge - 07816257601

Arthroplasty Practitioners - 0131 536 3724

Wound care

Thoroughly wash your hands with soap and water before touching the wound. Good wound care is an important part of your recovery at home in order to prevent infection and ensure wound healing. This involves keeping your wound dry and clean by using dressings until the wound is healed. If there is leakage from the wound, a district nurse may be required to support you at home.

Healing & Scarring

As part of the normal healing process your wound may feel numb, tingly, lumpy or itchy. Scarring does occur in surgical wounds and it can be red for 6 months or more.

Things to look out for:

- Increased redness or swelling around the wound.
- Pus-like discharge from the wound.
- Increasing pain.
- Increase in body temperature.

If you notice any of these symptoms, please contact your GP.



Wound closure

There are several types of wound closures. You will be informed which closure you have before you leave and should follow the advice below:

Steristrips

These are strips of sticky paper that hold the wound together to allow for healing. These should be left for 10 - 14 days.

Keep the area dry or they may peel off before the wound has healed. When the wound has healed, usually 10-14 days after surgery, the steristrips should peel away by themselves. If not, moisten the area for ten minutes and carefully peel off. This can be done by the practice nurse at your GP if you wish.

Clips

The wound should be kept clean and dry until the clips are removed. Before you leave hospital, a nurse will advise when

the clips should be removed. After the wound has begun to heal it can be exposed to the air, but you should be careful not to soak in water for long periods.

Clips will be removed by a practice nurse (at your GP) and you will need to make an appointment for this. If you are unable to attend the practice, the ward staff will arrange for a district nurse to visit you. Clip removers and dressings should be given to you when you leave hospital. The dressings supplied are waterproof so can be used when showering.

Swelling and bruising

It is normal for the operated leg to become swollen and bruised and this can persist for weeks. If your swelling increases and causes pain which is not relieved by taking pain relief medication and rest, please call any of the telephone numbers provided in this leaflet or contact your GP.

It will help to rest with your legs elevated on the bed for periods throughout the day, between exercises and walking.

Stockings

When you leave hospital, you will be given an extra pair of stockings to take home with you to help reduce swelling. You should wear your stockings for 6 weeks. You can remove the stockings to wash your legs daily but they should not be removed for any longer than 30 mins each day. If you are unable to change them and do not have anyone to help, then please remove them.

Pain Control

Pain is a normal experience after surgery. It is important to actively help your body to recover from surgery by following instructions given by the hospital.

You will be discharged with painkillers to take home. A copy of

your discharge letter will be sent to your GP to inform them of this.

If you require more painkillers, please contact your GP.

Pain relief following your operation



Paracetamol

This is a commonly used and safe painkiller with few side effects. Paracetamol takes up to an hour to work and it is for this reason that regular use is recommended. The dose is 2 tablets (1g) every 4-6 hours, up to a maximum of four times in each 24-hour period. It is very important not to take more than 8 tablets (4g) per day. When taking paracetamol regularly you must not take other medicines containing paracetamol, e.g. co-codamol, co-dydramol and many cold and flu remedies.

If you weigh less than 50kg (approx 7 stone 12) you should reduce the dose to only 1 tablet (500mg) every four to six hours up to a maximum of 4 tablets (2g) per day.

Ibuprofen/Diclofenac

These are both anti-inflammatory drugs. They are very effective

painkillers and help reduce swelling (inflammation). If you are prescribed either of these drugs it is very important to take them with food. If taken on an empty stomach, they can cause irritation and heartburn. If this happens to you, stop taking the drug. You may not be recommended to take these medicines if you have asthma as anti-inflammatory drugs can make some people's asthma worse.

If you are elderly, hypertensive, or taking certain medications such as blood thinners (anti-coagulant medicines) like warfarin and apixaban, anti-inflammatory medicines should be avoided due to the increased risk of bleeding or kidney damage. The usual dose of ibuprofen is 1 tablet (400mg) every 8 hours. The dose of diclofenac is 1 tablet (50mg) every 8 hours.

Simple painkillers can be bought from your pharmacy or a local supermarket. Often, they cost less than 50p for a packet of 16. Your NHS has to pay more than 4 times this to supply you with the same drug. If you are able, you can help us to look after more people by buying your own paracetamol/ibuprofen.

Codeine/Dihydrocodeine

These are stronger painkillers for moderate to severe pain. It is safe to take them with paracetamol and anti-inflammatory medicines because they work in different ways. Taking these medicines combined with regular paracetamol makes them more effective. The dose for both codeine and dihydrocodeine is the same, 1 (30mg) or 2 (60mg) tablets every 4 hours, up to a maximum of 8 tablets (240mg) in each 24-hour period.

Anti-coagulants / Dalteparin

You will be discharged home with blood thinning medication to reduce the risk of developing any blood clots, until your mobility returns to normal (please note that this may not apply if you take Warfarin). You should follow the directions on the box and complete the full amount you are given to take at

home. If you need more, please contact your GP for another prescription. Do not double the dose if you forget to take your tablets. Once you have completed the course, no further medication is required.



What should I eat?

A good diet and effective hydration help you recover faster and prevents constipation. Please ensure that you eat and drink well after your operation. We recommend that you:

- Increase your daily intake of fibre
- Drink plenty of water
- Take in an iron rich diet.

You will be given laxatives on discharge to help prevent constipation. Please take them until your bowel habit has returned to normal. If you experience loose stools, please stop taking the laxatives. If you experience prolonged problems with constipation, please contact your GP.

Exercise

You will be given an exercise sheet by the physiotherapy team. Unless advised differently, you can move to using 1 stick on the opposite side to the operated leg when you feel confident and able to do so. To help strengthen your muscles and improve healing, you should continue with these exercises at home three times per day. Please increase your level of mobility a little bit every day.

Using ice packs regularly throughout the day, especially

following a total knee replacement, can reduce pain and swelling. Do not apply ice directly to the skin, use a thin towel to wrap the ice pack.

Driving

You should only return to driving when you can be in complete control of your car and can comfortably manage an emergency stop. For most patients this will be around 6 weeks after surgery. You can discuss this at your follow-up appointment and contact your car insurance provider to see advice before driving.

Returning to work

This will depend on the type of work you do and speed of recovery. We normally suggest returning to work no earlier than 6 weeks following surgery if you have a non-manual job. If you have a manual job, you may need longer. We therefore advise you to discuss this at your follow-up appointment.

Possible Issues

It is unlikely you will have any of the following problems, but it is important to look out for the following and contact your GP if you are concerned:

- Increased pain in the calf of your operated leg
- Increased redness/swelling around the wound area
- Increased wound leakage/discharge bleeding from the wound.

Developing other infections can affect your new hip/knee. Please see your GP if you develop any infections such as chest, bladder, bowel or dental or have any cuts/lacerations.