



Uni-compartmental knee replacement

Information for patients

Please bring this booklet with you when you come in for surgery.

Name:

Consultant:

Operation:

Weight bearing status:

Date of surgery:

Occupational therapist:

Physiotherapist:

Therapy Office Number: **01689 866255**

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

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Introduction

This booklet provides therapy information about what to expect before your Uni-compartmental Knee Replacement, during your time in hospital and when you go home.

It explains how to prepare yourself and your home for your surgery, discharge and recovery.

It also includes information about the exercises we recommend you start doing before you come in for your operation.

Your individual needs will be discussed throughout your care with us.

Please bring this booklet with you to the hospital on the day of your surgery, so you have all the information you need in one place.

We encourage you to share this booklet with your family / carers so they can support you through your care and recovery.

We strongly advise that you arrange a dedicated person to support you, particularly when coming into and leaving hospital, which may even be the same day as your surgery.

Watch videos with further information by scanning this QR code:



Enhanced recovery programme

You will be taking part in an enhanced recovery programme. This aims to help you recover quickly and safely from your surgery and get the best result for you and your new hip. Research shows that the earlier you get out of bed and move around after your operation the better.

The recovery programme encourages you to be actively involved in your own recovery, both on the ward and at home.

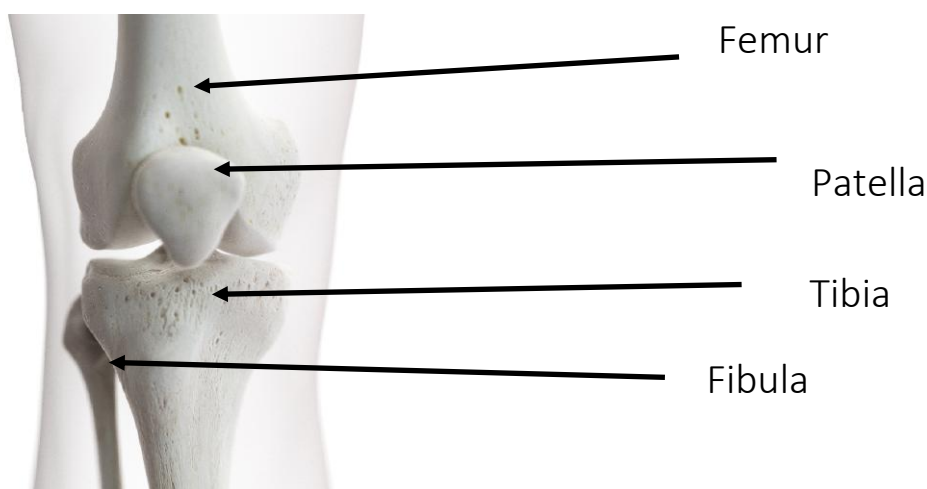
The long-term benefits of your surgery depend on the success of your continuing rehabilitation at home. It is important that you continue with your exercises and follow therapy advice after you have left hospital.

For more information about enhanced recovery for Total Hip Replacements, go to NHS Enhanced Recovery at www.nhs.uk/conditions/enhanced-recovery

Why do I need a uni-compartmental knee replacement?

Your knee joint is a hinge joint, with the bottom of your thigh bone (femur) fitting onto the top of your shin bone (tibia). Your knee is designed to allow your leg to extend and bend back and forth with minimal side-to-side motion. The joint surfaces are covered with smooth, shock-absorbing cartilage.

The most common condition that leads to you needing a uni-compartmental knee replacement is osteoarthritis on one side of the joint. When this happens, cartilage is damaged on either the inside or the outside of your knee, which causes pain, restricts your joint movement and weakens the muscles around your knee.



What is a uni-compartmental knee replacement?



The damaged bone and cartilage on the affected side is removed and replaced with two separate metal parts, one on your thigh bone (femur) and one on your shin bone (tibia). These are separated by a strong plastic bearing.

Screws or cement are sometimes used to hold the parts in place.

The aim of a uni-compartmental knee replacement is to:

- relieve pain
- correct any deformity
- restore any loss of function to your knee
- improve your quality of life.

Before coming into hospital

Preparing for surgery – self-assessment form

Your surgeon will meet with you to discuss surgery. Once the decision has been made for you to have surgery you will be put on a waiting list. Now is the time to start preparing.

As well as this booklet you will receive a self-assessment form. This asks you about your home environment and the support you have arranged for before and after your surgery. It includes questions about how you plan to manage your personal care, such as washing and dressing.

It is used to find out whether you may need equipment to help you manage at home after surgery. It also enables you to ask any questions you may have about coping at home after your operation. The occupational therapist will discuss these with you if necessary.

Please return the self-assessment form as soon as possible using the instructions it gives. This will allow us enough time to respond to any concerns, meaning you will be more assured and prepared for your surgery.

Pre-operative assessment appointment

Your pre-operative assessment appointment is essential because this is where you will discuss your planned surgery with nurses. They will also carry out tests to make sure you are fit enough to have the operation. They may need to do tests or investigations, such as taking a blood sample, and checking your blood pressure and heart rate. This appointment also gives you time to have any recommended treatments before your surgery, so you are ready.

You will be advised which medications to stop before your surgery and when, such as blood thinners. Follow this advice carefully – if you do not, your operation may be cancelled.

If you become unwell, have open wounds or come to hospital for another appointment or an emergency, you must let the pre-operative assessment team know in case this affects your knee surgery.

You will be given some instructions about when to stop eating and drinking on the day of surgery. Follow these carefully – if you do not, your operation may be cancelled.

You will also discuss how long your surgeon recommends you stay in hospital. The aim is for you to return home when your discharge requirements are met. It is essential that you read the information in this booklet because you may be discharged home the same day as your surgery.

Preparing your home

See the summary below for a quick guide to what to do **before** you come into hospital to make your life easier **after** the operation.

- Remove any rugs or trip hazards to ensure you have space to move around with your walking aid.
- Put items that you use often between waist and shoulder height to make them easy to reach, especially in the kitchen.

- Make sure items are placed where you need to use them to avoid having to carry heavy items around the house.
- Check your furniture. Are your bed and chair at the right height and sturdy enough for you to use after your surgery? If not you may need to buy or borrow more suitable furniture before you come into hospital.
- Stock up on food and other items you might need after your surgery.
- Either buy frozen meals or prepare and freeze your own, ready to eat for the first week or so after your operation.
- Buy or borrow a rucksack or shoulder bag to carry things around the house while you are using a walking aid.
- Arrange for a carer, friend or family member to stay with you for the first few days. We suggest you do this before you come in so they are prepared, as you may go home the same day as your surgery.
- Organise your own transport to and from the hospital, as you will not be routinely offered hospital transport. Please ensure you arrange someone to support you with this, or book a taxi.
- Speak to friends or family to arrange help with shopping and heavy household tasks if you need help in the longer term.
- Consider care for pets while you are in hospital and for at least two weeks after. Sometimes longer is needed.
- If you are struggling with the stairs leading up to your operation, if possible, consider having a bed downstairs for when you get home. This is only to help you manage in the short term.

Keeping fit and healthy

You need to be as healthy as possible for your surgery to help you recover more quickly.

- Try to cut down or give up smoking.
- Drink less alcohol.
- Eat a well-balanced diet. Doing this improves the condition of your skin and helps wounds to heal. It also prevents constipation.
- Keep to your recommended weight and lose weight if needed. Contact your GP for support, or go to the NHS website - <https://www.nhs.uk/better-health/lose-weight/> – for tips on how to lose weight safely.
- Make sure you do not have any infection in your teeth and gums. An infection could prevent you from having your surgery.
- Keep active – exercise if you can. This booklet has exercises that we recommend you start doing before your surgery.

There is more information on becoming physically fitter and better prepared for your operation at <https://rcoa.ac.uk/patients/patient-information-resources/preparing-for-surgery>

Exercises for before and after your operation

It is very important to do the exercises in this booklet **before** and **after** your operation.

They help you to recover **after** knee surgery and to restore flexibility and strength. We recommend you start doing them **before** your operation, as pain allows, because this will strengthen your muscles and help you recover.

Do these exercises **three** times a day. Start by repeating each exercise **five** times, gradually increasing to **10 – 15** repetitions. Do not rush and remember to rest in between exercises. Focus on good quality movement rather than lots of fast movements. There are also links to videos of these exercises that can be found on page 23.

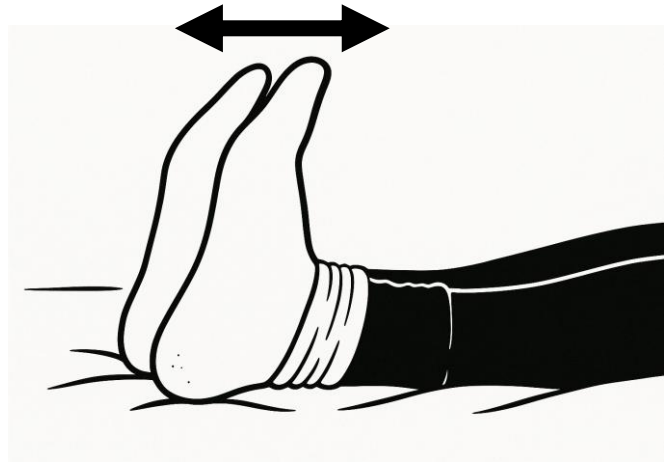
Use the table below to help you keep track of your exercises before and after surgery. There are extra pages at the back of this booklet if you need them.

	Lying down exercises			Sitting exercises			Standing exercises		
	1 st set	2 nd set	3 rd set	1 st set	2 nd set	3 rd set	1 st set	2 nd set	3 rd set
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									
Day 6									
Day 7									

Lying down exercises

Exercise 1 – Ankle pumps

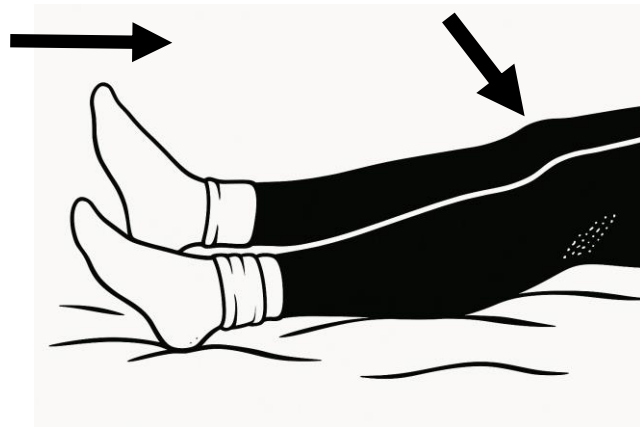
Paddle your ankles up and down. You can do this whilst you are on the bed or in the chair.



Exercise 2 – Static quads

With your leg straight, bring your toes up towards you and push your knee down firmly against the bed to tense the thigh muscles.

Hold for **five** seconds.



Exercise 3 – Static glutes

With your legs straight, squeeze your buttock muscles together.

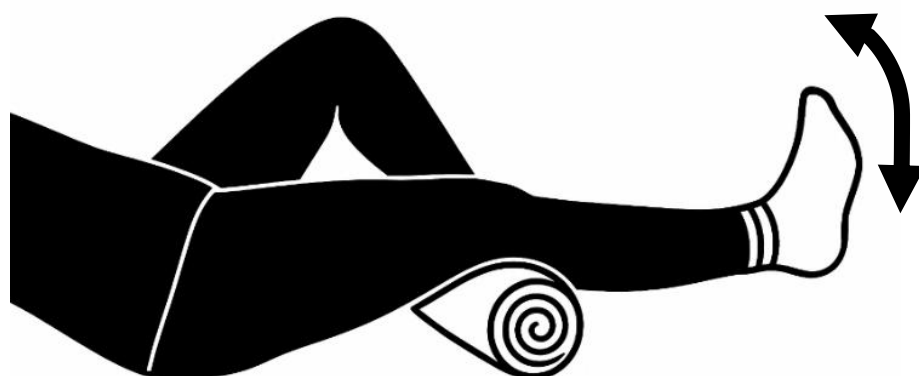
Hold for **five** seconds.



Exercise 4 – Inner range quads

With your bent knee over a rolled towel, tighten your thigh muscle while lifting your foot off the bed. Keep your knee in contact with the rolled towel.

Hold for **five** seconds.



Exercise 5 – Straight leg raise

With your operated leg resting straight on the bed, tighten your thigh muscle and lift your leg straight and up off the bed.

You may find it helpful at the same time to bend the knee of your good leg and push through your foot.

Hold for **five** seconds.



Seated exercises

Exercise 6 – Knee flexion

Sitting in a chair, slide your foot backwards on the floor increasing the bend of your knee as much as possible.

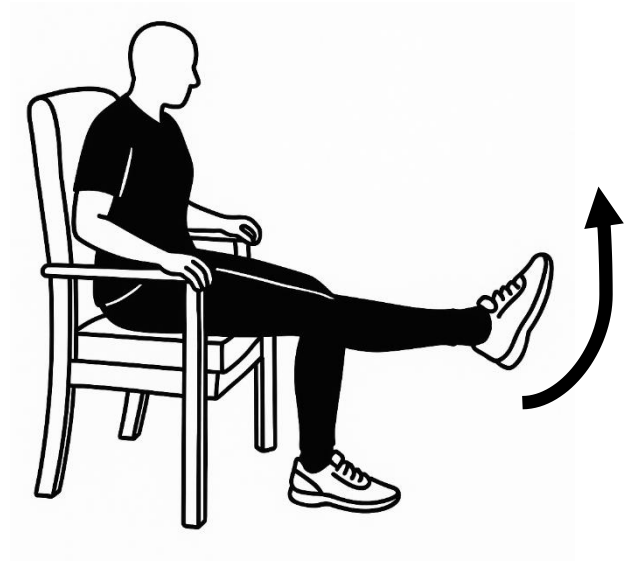
Hold your knee bent for five seconds before sliding your foot forwards again.



Exercise 7 – Knee extension

Straighten your knee as much as possible, lifting your foot off the ground. Keep the back of your thigh on the chair.

Hold for **five** seconds.



Make sure your chair is high enough after your knee replacement to do these exercises comfortably.

Standing exercises

To do these exercises you will need to stand and hold onto something sturdy such as a kitchen work surface or a windowsill to help you with your balance.

Exercise 8 – Knee flexion

Stand and hold the back of a chair or something sturdy. Keep your thighs level. Bend your knee and bring your foot behind you.

Hold for **five** seconds, then gently lower.



Exercise 9 – Squats

Stand and hold the back of a chair or something sturdy. Place your feet slightly apart. Keep your back straight. Bend both knees and squat as far as is comfortable.

Hold the squat for **five** seconds, then straighten up.

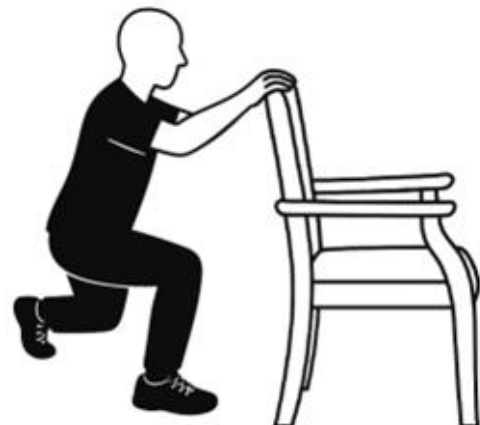


Exercise 10 – Lunges

Stand and hold the back of a chair or something sturdy.

Place your non-operated leg behind you so just your toes are on the floor.

Bend both knees and lower yourself so your knees are close to a 90° angle, then straighten both knees to stand back up.



Using the stairs

You will be shown how to go up and down the stairs before going home. The advice below is based on stairs with one bannister or rail, but will vary depending on your home setup. You can practise this before you come into hospital so you are familiar with how to do it.

Going up

1. Stand with your crutch/stick close to the bottom step.
2. First take a step up with your good leg.
3. Then step up with your operated leg onto the same step.
4. Followed by your crutch/stick to the same step.



Going down

1. Stand with your crutch/stick close to the edge of the top step.
2. First place your crutch or stick down one step.
3. Then step down with your operated leg.
4. Followed by your good leg onto the same step.



Coming into hospital

Some details we give here may differ, depending on which hospital you have your surgery.

Please use the checklist below to ensure you are fully prepared for your surgery.

What to bring in with you

- This booklet.
- Comfortable, loose clothes.
- A pair of comfortable, flat, supportive shoes, which allow for the fact that your foot may swell after the operation. No backless shoes such as flip flops.
- Personal toiletries (towels and flannels will be provided).
- Glasses and hearing aids, if needed.
- Any walking aids you currently use such as a walking stick or elbow crutches.
- Grabber, shoe horn and other long-handled aids with your name on it, if needed.
- House key, if you live alone.

Transport

Do not drive yourself to hospital because you will not be able to drive home after surgery.

Please organise your own transport to and from the hospital, because you will not routinely be offered hospital transport. Ensure you arrange someone to support you with this. Alternatively, book a taxi to take you to and from hospital.

Your chosen transport should be available from the day of surgery, in case you go home the same day. Please be aware that you could be discharged up until 8pm.

If you need additional support with transport you must let your surgeon and nurse know at your appointments leading up to surgery and on your self-assessment form.

Coming into hospital

Please read your admission letter carefully because it tells you:

- the hospital and admission lounge or ward to come to
- the date and time to come in.

A member of our team will contact you the day before if there is a change to your appointment.

When you arrive, please go to the admission lounge or ward shown on your admission letter. You may be asked to leave family or friends at the front of the hospital. If you need help getting to the ward, please inform reception or security staff.

We do not have the space for your family members / carers to wait with you before you go for surgery. Let our staff know if you need someone to stay with you for a specific reason.

We will give family and carers a contact number for the ward and advise them what time to call back. Not all hospital sites have a restaurant or shop open seven days a week, so please check in advance.

Visiting hours

Please ask the ward for advice about visiting hours.

Anaesthetic

You will meet the anaesthetist before your surgery. You will be able to discuss the choice of anaesthesia and ask any questions you may have. There are two main types of anaesthesia: a spinal anaesthetic and general anaesthetic. You usually have a spinal anaesthetic because this is better for your recovery.

Spinal anaesthetic

This is the most common anaesthetic for hip replacements. Local anaesthetic is injected into your lower back near to the nerves in your spine. You will be numb from the waist downwards and feel no pain during the operation.

You will be conscious throughout the operation. You may also be given light sedation to make you feel sleepy and relaxed. This is kept to a minimum, to enable you to recover more quickly. If you wish, you can bring a device with headphones so you can listen to music or an audio book during the operation.

General anaesthetic

If you have a general anaesthetic you will be fully asleep during the operation.

You will be given the anaesthetic through a needle in your hand or arm. Once you are asleep your breathing will be supported. You will be given oxygen and may have a breathing tube inserted.

When the operation is finished, the anaesthetic is stopped and you will be woken up.

For more information about anaesthesia for total hip replacements see 'Anaesthetic choices for hip or knee replacement' at: www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources/anaesthetic-choices-hip-or-knee-replacement

Meeting the team and going for surgery

As well as your anaesthetist, you will be seen by the surgeon, the pharmacist and members of the nursing team, who will prepare you for surgery. You will be able to ask any questions you may have before having your surgery.

A nurse will help you to get ready for surgery. This includes taking a blood sample and your blood pressure. A member of the team will walk to the operating theatre with you if you are able. If you are not able to walk you may go to theatre on a porter's trolley.

The operation takes about two hours. You will then remain in the recovery area until you are ready to go back to the ward. A nurse will be with you in recovery, checking your heart rate, blood pressure, pain levels and temperature, and ensuring that your wound is satisfactory.

Straight after the operation, the feeling and strength in your legs will be monitored. As soon as they have returned sufficiently you will be helped to begin your recovery by standing, using an aid if needed.

You will be encouraged to begin eating and drinking as soon as possible.

Returning to the ward

When you go back to the ward you will be helped into your own clothes, sat in a chair and encouraged to eat and drink.

If you need the toilet, please ask a member of staff and they will help you to walk to it.

You may find it hard to pass urine after surgery and need a catheter. This will be taken out as soon as possible.

Nurses will give you pain relief as you need it. For more information about pain relief, see 'Controlling your pain' at the bottom of this page.

If you feel nauseous after surgery, please tell the nurses and they will give you medication to help.

We will contact your nominated support person to let them know you are out of surgery and to confirm your discharge plan.

Therapy

After your surgery, a therapist will come to see you to assess your ability to get in and out of bed, and on and off a chair and toilet. They will also assess your ability to walk using an aid. If needed, they will assess you on the stairs. They will also discuss with you whether you need some extra equipment to help you manage better at home.

The therapist will take you through the exercises that they advise you to do. You should be aiming to do them at least three times a day. These exercises will be similar to the ones in this booklet.

They will also explain the best ways of doing things such as getting on and off a chair and getting in and out of bed. For more information, see page 18.

Pain control

Having a Uni-compartmental Knee Replacement can be painful. Although everyone experiences pain differently, you should expect a moderate amount of pain. This is normal.

Your surgeon will prescribe you some regular pain relief for after your operation. You can also have some extra pain relief – you must ask for this if you need it. Consider using this top-up pain relief to do your exercises and walk, if doing these is painful.

If you have had a spinal anaesthetic, you may not feel any pain in your leg straight after surgery. This will soon wear off, so make sure you have your regular pain relief for when it does.

You might find it helps to apply an ice pack to your knee for 15 – 20 minutes every two hours to reduce the swelling and ease any pain. This can be started when returning to the ward and can continue when at home. Before using it, make sure you have full feeling in your leg and knee and no numbness. **Do not** put the ice pack directly on your skin; wrap it in a damp tea towel or pillow case before using it. It is important that you check your skin before, during and after you use an ice pack to make sure you do not have any unexpected reactions. If you have any concerns, please seek medical advice.

Controlling swelling

It is normal to have swelling in your knee after this operation. This can take up to six months to ease completely. When you are home, you can ease swelling by:

- putting your leg up so your ankle is higher than your hip – try resting your lower leg (not your knee) on pillows or a stool.
- using an ice pack. See the above advice on how to apply an ice pack appropriately.

Discharge home from hospital

The aim is for you to return home as soon as you have met the discharge requirements. This could even be the same day as your surgery, so make sure you are prepared for this, by following the advice already given in this booklet.

You will be considered ready for discharge home when:

- you can safely get in and out of bed
- you can safely get on and off the chair and toilet
- you can walk safely with an aid
- you can safely climb up and down stairs (if required)
- you have had an hip x-ray
- you need no more medical treatment in the hospital
- you need no more nursing care in the hospital
- your medications are ready.

If you are discharged the same day as your surgery, a member of the department will contact you the next day to check how you are managing at home and give you advice, if needed.

What happens next?

Wound care

You are normally asked to book an appointment with the nurse at your GP practice for one week after the date of your surgery. The nurse can check your wound, change your dressing and remove stitches or clips, if needed.

If you are unable to get to your GP, please speak to the nurses on the ward before you are discharged home, as they may need to refer you to the district nurses.

Outpatient consultant clinic

An outpatient appointment will be made for you to see either the surgeon or a member of their team. The time of your appointment may differ between consultants, so you will be advised when to expect it during your admission.

At this appointment, your hip will be checked and you will be able to ask any questions you may have. Consider writing your questions in the notes section at the end of the booklet. Remember to bring the booklet with you so you do not forget.

Recovery at home

Self-directed rehabilitation

Once you are home, you will be encouraged to play an active part in your recovery, either on your own or with the support of your nominated support person. You will not be routinely referred for ongoing physiotherapy.

This section gives you advice on how you can continue your recovery at home. You can also contact the Physiotherapy department for advice using the therapy office number found on the front page.

It may take up to a year for you to make a full recovery. This is normal, so please follow the guidance in this booklet to ensure you have the best recovery possible.

Outpatient physiotherapy

You may need an appointment at the physiotherapy clinic for a one-off check-up. These are held at Orpington Hospital and King's College Hospital. Which hospital you are referred to depends on your address. Your therapist will let you know if you need an appointment and book it for you.

If you have a physiotherapy clinic appointment, you will be given more advice, and then discharged, referred to Outpatient Physiotherapy or booked into a hip class, to continue your recovery.

Daily goals

Give yourself a realistic goal to achieve every day, whether it is walking further, taking more short walks, or adding more repetitions to your exercises. This will motivate you to get better and help you to track your process.

Before getting out of bed, do your lying down exercises. These will loosen up your leg and help reduce the amount of stiffness you have first thing in the morning.

Change position regularly and avoid sitting for long periods (more than 30 minutes) at first as this will be uncomfortable.

While it may take up to 12 months for your hip to feel more natural, you should expect steady progress and improvements during this time.

Stepping up your exercises

Leading up to surgery and straight after surgery we expect you to do the basic exercises shown in this booklet. You will be given some intermediate and advanced exercises while you are in hospital, which you can progress with in your own time at home.

Start with the basic exercises and move to the intermediate ones, before trying the advanced ones. Progress through to the next level when you can comfortably do 10 repetitions of each exercise, three times a day. Do not start at the more advanced exercises first.

You will find links to online or written versions and videos of the intermediate and advanced exercises for total hip replacements on page 23.

Stepping up your walking

Walk little and often, gradually increasing the distance. You should gradually find that you are walking with less pain than before the operation.

Practise walking indoors before going outside, where the ground is more unpredictable. Have someone with you each time you try to do more, if needed.

When can I stop using my walking aids?

Once you can walk well with the crutches or sticks without limping, you can wean yourself off them. Stop using your walking aid only when you feel confident and strong enough, as doing this too soon will make you more likely to limp, and increase pain and other bad habits.

Please note: keep using your walking aid if you have been using it for a long time or you also use it for another problem which affects your walking.

If you have been told to limit your weight bearing for a period of time (partial or touch weight bearing), you must keep using your walking aid until the end of that time or you have been advised otherwise. If you have been given this advice, you are likely to be referred for ongoing physiotherapy.

When you are on the ward after your surgery you will be advised how to progress your mobility.

Getting on and off a chair

Ensure you have a firm, upright chair or sofa, preferably with arms. If you do not have a suitable chair, see if you can borrow one or use firm cushions to raise your chair seat to a comfortable height.

Use one or two arms to push from and reach back for the seat when sitting and standing. You may find extending your operated leg makes it more comfortable.

Your therapists may teach you how to use your sticks or crutches, but please follow their advice on the ward.



Sleeping and getting in and out of bed

We recommend you sleep on your back straight after the operation. When you are more comfortable you can sleep on your side with a pillow **between** your knees.

You will practise how to get in and out of bed while you are in hospital, on the same side as you do at home.

You might find it hard to sleep at first, so practise with the pillow in different positions until you find the right one for you. Taking pain relief regularly should also help.

Try not to place a pillow under your knee while you sleep as this can make your knee stiff.



Personal care

When you fill in the self-assessment form before the operation, let the occupational therapist know how you plan to manage your personal care, such as washing and dressing. Also discuss this with your surgeon and nurse.

Let the occupational therapist know if you plan to have someone else help you with your personal care or if you are going to do it yourself. Remember that you may go home the same day as your surgery, so we recommend you have arranged support for at least the first few days. Tell us if you do not have anyone to support you, so we can advise you.

Washing, showering and bathing

Strip wash for the first few days after surgery. You may find a long-handled sponge useful when doing this.

If you have a shower with a seat you can use this, but do not use a walking aid in the shower as you must be safe on your feet. Only shower standing when you are strong and safe enough on your feet.

Do not have a bath for at least six weeks after your surgery, when your wound is fully healed. This cuts the risk of infection. You also need to feel confident and strong enough to be able to get into and out of the bath safely.

Getting dressed

Always sit on a chair or the side of the bed when getting dressed.

Dress your operated side first and undress it last.

Loose, comfortable clothes that are easy to do up are best.

Only bend as far as comfortable. Try using a long-handled shoehorn or sock aid to put your shoes and socks on. Try using a grabber/litter picker to pick items off the floor.



Driving and getting in and out of the car

You can drive after **six weeks** if you feel that your hip is strong enough. Try the pedals and practise doing an emergency stop in a stationary car.

Check your insurance policy first to ensure you are covered after surgery.

1. Get ready

Push your car seat back as far as it will go and angle the back so it is partially reclined. Stand level with the car, not on the pavement.

2. To get into the car

- Turn your back to the seat and lower yourself in, holding onto the door arch or seat.
- Lean back to keep your hip as comfortable as possible as you bring your legs into the car.
- Remember to reset the seat to a safe position before driving.

3. To get out of the car

Do the same in reverse.



Domestic tasks

You should have already cleared any clutter and removed loose rugs or wires before your surgery.

You may be able to do some light housework after surgery if you are comfortable enough, but you may need help with heavier tasks such as vacuuming for up to 12 weeks. If you need help with domestic tasks, please organise this before you have your surgery.

You should have also prepared your kitchen before coming in for surgery. Remember to bring things you use often up to the worktop so you do not have to bend very much. It is difficult to carry items when using walking aids so use a rucksack or shoulder bag to carry things.

You should have stocked up on frozen or ready-made meals that only need heating up. You should begin by eating these meals, and when you feel stronger and can stand for longer, you can start to prepare meals as normal.

If there is space, put a stool/chair in the kitchen so you can rest when preparing meals. If possible, eat your meals in the kitchen so you do not have to carry food around. Do not carry hot food around while you are using a walking aid.

Diet and constipation

You have just had major surgery, so make sure you eat plenty of fruit, vegetables and lean meat for protein and iron.

If you have actively lost weight, try to keep it off; it will reduce pressure on your new hip and help you to do your exercises more easily.

Some painkilling medication can cause constipation, particularly when you are moving about less. To help reduce constipation aim to drink six – eight glasses of water a day and include lots of fibre in your diet, such as:

- wholegrain foods
- wholemeal bread
- high-fibre breakfast cereal
- fruit and vegetables.

You may need to take laxatives, which you will be given on the ward to take home with you.

Going back to work

If you work and would like to discuss going back, ask an occupational therapist or your surgeon for advice, particularly if it is a manual job or involves a lot of driving. You can call the Occupational Therapy team on the therapy office number found on the front page.

Speak to your employer and agree a date where you can return to work. You may be able to go back earlier doing lighter tasks and make a gradual return to full duties. If your employer has an occupational health service, you can ask to be referred to it for advice.

Sexual intercourse

You can expect to be able to have intercourse as early as three – four weeks after your operation. You should only use positions that are comfortable, so it is important that you listen to your body and take note of any pain. If you have been advised about any movements to avoid, take these into account as well.

If you have any more questions, speak to an occupational therapist on the ward or call the Occupational Therapy team on the therapy office number found on the front page.

Sports and activities

Your new joint is designed for day-to-day living, not high-impact sports because this increases the risk it will wear out sooner, loosen or break.

While it can cope easily with walking, swimming and cycling, if you want to do more demanding, high-impact sports you should discuss this with your surgeon or physiotherapist. You can contact the Physiotherapy team using the therapy office contact number found on the front page.

Travel advice

Do not do long journeys straight after your surgery because it increases your risk of developing a blood clot (deep vein thrombosis/DVT). The most common symptoms of a DVT are swelling in your calf, a throbbing pain in the swollen area or darkened skin around the painful area. If you have any of these symptoms, seek urgent medical attention.

Avoid long car journeys for at least six – eight weeks after your operation. If the long car journey is essential, stop regularly to stretch your legs.

Do not fly for the three months after surgery. To help with international travel, particularly through airport security and x-ray machines, take a copy of your discharge summary with you to confirm you have had a joint replacement.

Who can I contact with queries and concerns?

If you have any questions or concerns, please contact the relevant department on the numbers given below.

Inpatient Therapy Offices

King's College Hospital, Denmark Hill: **020 3299 9000, ext 2368**

Orpington Hospital: **01689 866255**

Transport

In limited circumstances, we can provide transport for patients to hospital. Please contact the Patient Transport Assessment Centre between 9am and 4.45pm, Monday to Friday (excluding bank holidays). The centre will assess your requirements for non-emergency transport and any requests for escorts during travel/appointments.

Patient Transport Assessment Centre

Site	Contact Number
King's College Hospital, Denmark Hill	020 3299 8000
PRUH sites	020 3299 6886
Orpington Hospital	020 3299 6886

Email: kch-tr.PatientTransport@nhs.net

Further exercises

Basic exercises (found on pages 7-11).

Video link: <https://youtu.be/IRS18hMBC6g>



Intermediate exercises

Online / written <https://pruh.kch.nhs.uk/unicompartmental-knee-replacement/>

Video link: <https://youtu.be/g1tkZK3PNbs>



Advanced exercises

Online / written <https://pruh.kch.nhs.uk/unicompartmental-knee-replacement/>

Video link: <https://youtu.be/c9TRgmlmLXk>



MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on **020 3299 4618** or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information, visit www.kch.nhs.uk.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: kings.pals@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net