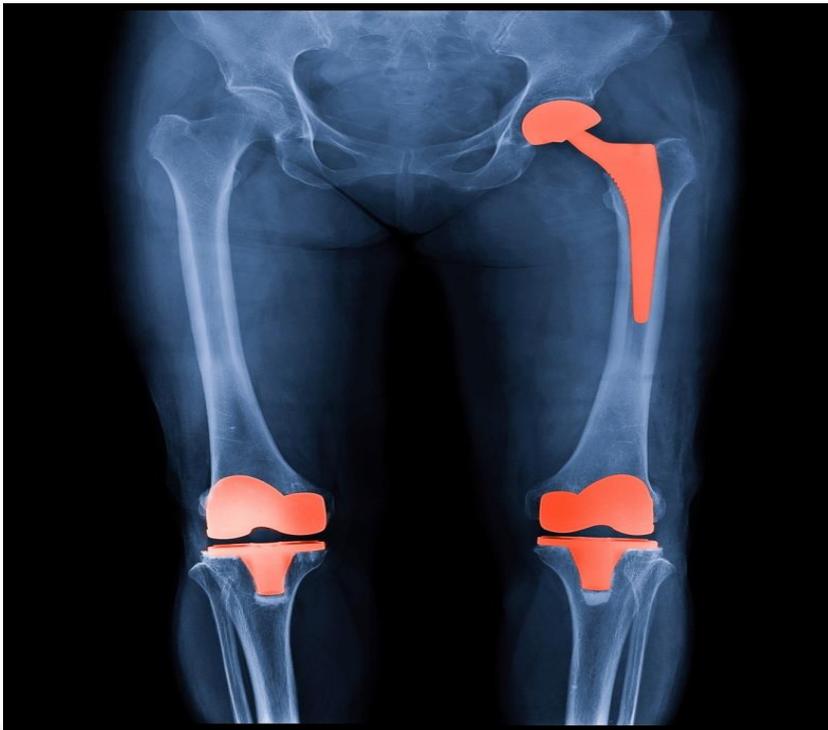


Midlands Orthopaedic Centre

Joint Education Class



Midland Orthopaedic Centre

- **Dr Gail Parsons**, Nurse Consultant
- **Lisa-anne Tanner- Byles**, Advanced Nurse Practitioner
- **Consultant Orthopaedic Surgeons**
(Please refer to meet the team on the website)
- **Therapy Team**
(Please refer to meet the team on the website)

Contact Details:

Orthopaedic Advisory Line 01384 456111 ext 4465

8-4pm Monday -Friday

What Is Osteoarthritis...?

(OA)

Arthritis of the Hip Joint



Healthy knee joint

Osteoarthritis

Definition

Sometimes called wear and tear arthritis, OA is the most common type of arthritis

The smooth cushion between the bones (cartilage) breaks down and joints get painful, swollen and hard to move

It commonly starts in the 50's and affects women more than men

The disease starts gradually and worsens over time

It can affect any joint but mostly the hands, knees, hips, neck, shoulder and lower back

<https://www.arthritis.org/diseases/osteoarthritis>

Hip and Knee Osteoarthritis



Treatment Options

- Keeping Active and Mobile
- Weight Management, dietary advice
- Walking Aids / Physiotherapy
- Pain relieving medications
- Steroid Injections
- Joint replacement surgery



Total Joint Replacement

Total joint replacement is a surgical procedure performed to replace the surfaces of the joint which have been damaged due to injury or disease (osteoarthritis)

Joint surfaces are replaced with metal and plastic components



Implant Types at the Midland Orthopaedic Centre

Total Hip Replacement

Smith and Nephew R3 / Polar stem

Total Knee Replacement

Smith and Nephew Journey II

Microport EMP

Biomet Oxford Uni-condylar



Benefits of Joint Replacement Surgery

Long term pain relief

Improve function of the affected Joint

Improve your mobility

Improve your quality of life

Risks of Joint Replacement Surgery.

These include:

Common (two to five people out of 100 experience these)

Blood Clots

A deep vein Thrombosis (DVT) is a blood clot in the vein, it causes painful red swollen legs especially after bone surgery, they can move through the blood stream and cause a clot on the lungs known as a "PE" (Pulmonary Embolism). You will routinely have blood thinning injections and wear stockings, unless alternatives are advised

Bleeding

Small amounts can be minimised in surgery. Large amounts may need treatment with iron tablets or blood transfusion. Wound dressings are designed to manage post-operative wound ooze





Risks Continued...

Pain

It is normal to experience some discomfort. Pain will improve with time and is rarely a long term problem. You must tell staff if you are in pain, and this will be regularly assessed

Infection

Signs of possible infection are:

Swelling, discharge, heat and redness.

Changes to the wound dressing / odour

You should contact the orthopaedic ward and be reviewed.

Please refer to Hip / knee booklet for further information



Preparing For Your Joint Replacement Surgery

Optimising your health

Symptom management whilst waiting for surgery (see next slide also)

Pain control

Being free of any infection / Skin problems

Smoking & weight control

The items shown will be beneficial to you and your recovery

You are encouraged to consider purchasing the items shown

All prices are correct at time of printing but should only be used as a guide

	Reachers and grabbers  *essential	Shoe horn  *essential	Long sponge 	Sock aids 	Leg lifter 
Lloyds Pharmacy	£5.99	£6.89	£2.69	£5.49	£7.99
eBay	From £5	From £4	From £2.99	From £5.99	£5.99
Amazon	From £6	From £2	From £6	From £4.50	From £6.00
NRS	From £6.45	£2.20	£4.60	£6	£8.70
Argos	£9.99	£5.99	-	£9.99	-
IKEA	-	£1	-	-	-



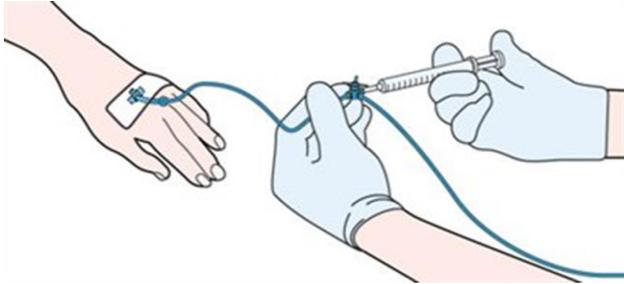
**Fasting preparation is Key to
a good recovery**

Keep Hydrated

It is important to keep well hydrated, even on the day of surgery you can drink water up until 2 hours before the surgery

A light diet is also advised up to 6 hours before your surgery

We will confirm what time you can eat and drink water up to, when you ring to confirm your bed the afternoon before your admission



Anaesthetic approaches

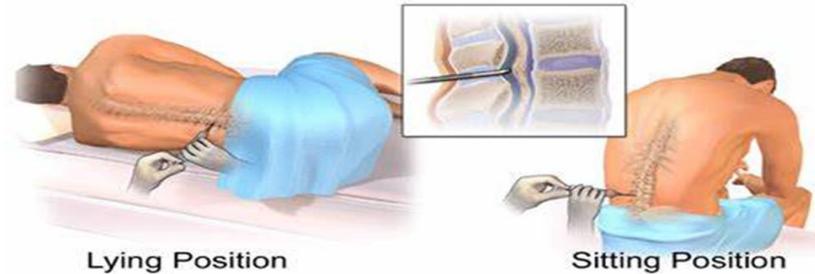
Spinal anaesthetic and sedation with local infiltration anaesthetic of the tissues and wound bed.

This is often the preferred approach to promote an enhanced recovery, improve pain relief and reduce side effects

Combined General / Spinal anaesthetic with local infiltration anaesthetic of the tissues and wound bed

General anaesthetic with local infiltration anaesthetic of the tissues and wound bed

SPINAL ANESTHESIA POSITIONING



-Spinal anesthesia may be performed in lying position or sitting position.
The spinal needle is inserted below the level of the spinal cord.



Enhanced Recovery Shorter length of stay in hospital

Goal Centred approach for Discharge (Day 0 – 2)

- Regular pain relief is key
- Early Mobilisation on the day of surgery
- Eat and Drink for energy and hydration
- Regular exercises as taught by the therapy team

Total Hip Replacement

Exercises are to help regain active function of the operated leg and reduce swelling

By doing the exercises you are helping to prevent muscle wasting and recover faster from the surgery



Your Physiotherapist will guide you after your surgery and give you information on exercises to do at home

Total Knee Replacement

Exercises are to help improve your range of motion in the operated knee and improve muscle strength and reduce swelling

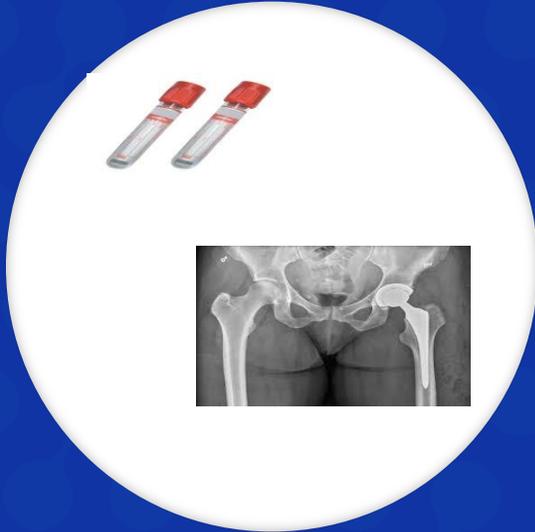
By doing the exercises you will help to improve function and long term benefits of knee replacement surgery



Exercises

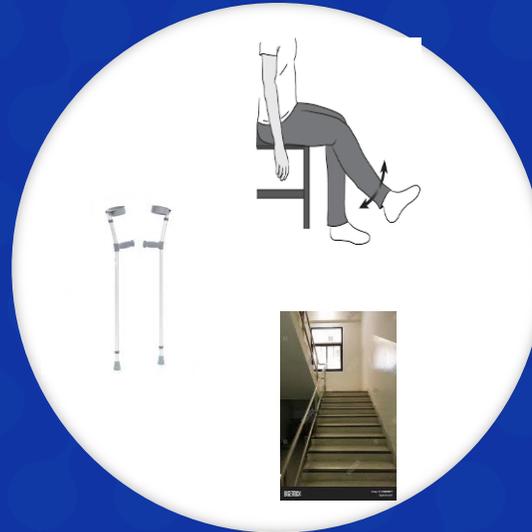


GOAL CENTERED APPROACH FOR DISCHARGE AFTER YOUR JOINT REPLACEMENT



MEDICAL REVIEW

- Check Bloods
- Check x-ray
- Prescribing discharge medications
- Medically fit for discharge



PHYSIOTHERAPY REVIEW

- Check mobility
- Walking aids
- Safe with steps and stairs
- Specific exercises
- Knee range of motion



NURSING REVIEW

- Wound assessment
- Pain assessment
- Bowels / Laxatives
- Teaching self administration of blood thinning injections
- Discharge letter and follow up advice



Importance of Post-operative Pain Relief

- Strong pain relief is prescribed immediately post surgery / whilst you are an in-patient
- Routine discharge pain medications include regular codeine and paracetamol unless alternatives are required
- Nursing staff will assess your pain regularly but please tell staff if your pain is not manageable
- Regular pain relief and laxatives are key to a good recovery. Please take as prescribed / advised on your discharge home
- Pain management will enhance your mobility and exercise tolerance



Important Checklist for Your Admission

Please Bring:

- Comfortable Day Clothes
- Appropriate footwear (see above)
- Toiletries and towel
- All your usual prescribed medications in their boxes if possible
- Dressing Gown
- Walking aids, long handled shoehorn, helping hand if available

Please Note:

- Early preparation for your discharge home, stock the freezer, arrange your transport, plan for a short length of stay in hospital
- **Please bring in the documents we have posted to you on admission, National Joint Registry form and furniture heights form if applicable**

Therapy Input and Joint Replacement

Checklist of items for your admission (see opposite)

Early Mobilisation is key

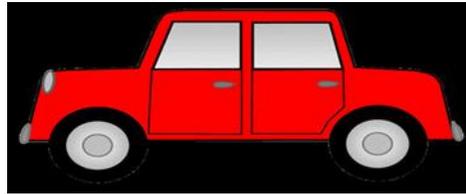
Key exercises... physio exercises for hip and knee replacement will be discussed after surgery

Elbow Crutches / Appropriate walking aids for home issued on the ward

Stairs and steps practice to ensure safety

Do's and Don'ts as taught by your physio

Any additional aids / adaptations will be discussed during your hospital stay. It is useful for us to know if you live outside of the Dudley Borough



Advice when you are Home

- Continue your exercises and increase your mobility
- Take regular pain relief and laxatives
- Attend your follow up appointments as arranged
- Attend your practice nurse appointment for a wound check at 2 weeks post surgery

Please contact us if you have any concerns re:

Infection, changes to your wound / dressing

Pain issues

Concerns regards blood clots / DVT

Orthopaedic Advisory Line:

**8- 4 pm MONDAY – FRIDAY 01384 456 111
EXT 4465**

Out of these hours Ward B1 01384 244692



Follow up Plan

2 WEEKS POST SURGERY: Wound check and removal of clips with the Practice nurse at your GP surgery unless alternative arrangements advised

6 WEEKS POST SURGERY : First follow up in the Advanced Nurse Practitioner clinic with x-ray on arrival (unless advised alternative follow up)

6 MONTHS POST SURGERY: Second follow up in the Virtual Advanced Nurse Practitioner Clinic with x-ray review

You will be advised of any further long term follow up as required via virtual clinic review, for example 5 year and 10 year review of your joint replacement

- **When can I return to work**

This depends on your job and level of activity. For example those who have a desk / seated job role may be able to return after 6 weeks, other jobs may require longer off work. You can discuss with your surgeon or nurse practitioner at the 6 week follow up appointment

- **When can I resume driving**

The most important point about driving is that you should feel confident and safe to do so. You need to be sure that your medications are not affecting your ability to think clearly or react appropriately. This means that you should have been advised by your doctor or surgeon that you have the movement in your affected limb and that you are free from taking any strong pain medications which may cause drowsiness. You should gradually re-introduce driving, preferably accompanied by another person, initially in an open space without traffic. You should feel comfortable and confident and practice your 'emergency stop' before resuming normal driving on open roads

If you drive an automatic vehicle and your surgery was on your left side, once you are no longer taking 'strong' medication for pain and you feel comfortable, your doctor will assess your limb and you will be advised accordingly, dependent upon the type of surgery you have had

If your surgery was on your right leg, then you will need to avoid driving for 2–6 weeks depending on the type of surgery you have had

Commonly asked questions after joint replacement surgery



- **When can I resume sexual activities**

After hip replacement it is important to avoid movements that could lead to dislocation of the new joint. Healing typically will take 6-8 weeks

After knee replacement it should be safe to resume as pain and movement allows

- **Travel**

After surgery on the hip or knee, you are at increased risk of deep vein thrombosis (DVT), a blood clot in one of the deep veins in your body, usually in your legs. It is important to discuss any plans for travel at the 6 week follow up appointment

PLEASE REFER TO THE SECTION ON THE MOC WEBSITE 'FAQ'S' FOR MORE ADVICE

Commonly asked questions after joint replacement surgery





Mobile Phone App

We are in the process of developing an app, which is an education application designed to help patients throughout their total joint replacement journey

It will encompass the steps to undertake before surgery, the day of surgery itself and when at home, which intends to give the right information at the right time to patients

Notifications will aid as reminders at certain points before and after surgery

Outcome Questionnaire

- You will be asked to complete a short questionnaire to assess your mobility, joint movement and pain levels at two stages in your journey (before and after your surgery).
- Please would you take the time to complete these important assessment questionnaires so that we are able to monitor your progress.

Research Opportunities

- We strive to improve our practices and deliver the best possible care to our patients. Research improves overall outcomes and therefore you may be invited to participate in studies which are appropriate.
- For any further advice/information please contact: Dr. Gail Parsons, Nurse Consultant Trauma and Orthopaedics, Deputy Director Research and Development
- 01384 456111 ext 3710

Outcomes and Research





COVID-19

You will be given information and a consent form to sign regarding surgery and Coronavirus

Please ask your surgeon / one of the team for further information if required

It is routine to have a COVID swab 72 hours prior to admission and again on your admission to hospital

You will be advised to self isolate before and after your surgery to minimise the risk of COVID transmission to yourself



References

The Dudley Group of Hospitals website

www.dgft.nhs.uk

Midland Orthopaedic Centre website

www.midlandorthopaediccentre.co.uk

Useful websites on Arthritis

www.versusarthritis.org

www.arthritisresearch.org

www.arthritisfoundation.org