

Hip and Knee Surgery. General Information and Support

Introduction

This guide has been prepared to support you before, during and after your hip or knee surgery.

It provides important information on preparation, hospital admission, your operation, recovery, and what to expect once you return home.

Please read it carefully and bring it with you when you come to hospital.

Preparing for Surgery

To give yourself the best chance of a smooth recovery, it is important to prepare well before your operation.

- Stay active with light exercise to maintain strength and mobility.
- If you smoke, stopping before surgery reduces lung and circulation risks.
- Eat a balanced diet and try to maintain a healthy weight.
- Make sure your teeth are healthy – infections in your teeth can increase risks of joint infection.
- If you are overweight, ask your GP for advice on safe weight reduction.
- Prepare your home: remove loose rugs, ensure stairs have rails, and place frequently used items at waist level.
- Consider arranging for help with shopping, cooking and household chores for the first few weeks after surgery.

An excellent guide to preparing for surgery is located [here \(insert this link Active Wait - Sheffield Aches and Pains - Patients\)](#). This project was set up following a successful collaboration between Sheffield Teaching Hospitals and The University of Sheffield. Whilst recruitment into the successful study is no longer happening, the 12 week programme remains the 'gold standard' of preparation before surgery.

Pre-Operative Assessment

You will be invited to a pre-operative assessment clinic before your surgery.

This is to ensure you are fit and well enough for your operation.

Tests may include:

- Blood and urine tests
- ECG (heart tracing)
- Chest X-ray
- MRSA screening swabs

Spire Hospital now run a 'joint school' where you will be invited to meet a physiotherapist

or occupational therapist, who will explain your hospital stay, help plan your recovery and any support you may need at home.

Admission and the Day of Surgery

Most patients are admitted on the day of surgery. Please follow the fasting instructions given:

- No solid food for 6 hours before surgery
- Clear fluids (such as water) until 2 hours before surgery. You may be allowed to drink clear fluids up until the time of surgery once in hospital but this will be explained by the nursing team

On the day:

- Have a bath or shower before you come in
- Remove all jewellery, makeup, nail varnish, contact lenses, dentures and hearing aids
- Wear loose, comfortable clothing
- You will meet your surgeon, anaesthetist and nursing team before the operation.

The Operation

Hip or knee replacement surgery usually takes 1–2 hours.

Most patients will have a spinal anaesthetic (you are awake but numb from the waist down). A spinal anaesthetic may be accompanied by sedation. The level of sedation can be discussed with your anaesthetist.

In my practice I find that most people state that they want heavy sedation and ‘want to be out of it’ however most actually have very limited or no sedation. Stuart Smith ([Dr Stuart Smith : Anaesthetics](#)) is the anaesthetist I regularly work with. Should you wish, he will explain the steps of the surgery and describe progress. You may even get to play with the bone cement (the product used to fix some of the implants), this adorns many patients’ mantelpieces across the region.

The alternative to a spinal anaesthetic is a general anaesthetic (you are asleep). Your anaesthetist will discuss the best option for you.

To supplement post operative analgesia, injections into the operative area are carried out during surgery. These injections include local anaesthetic agents, anti-bleeding agents and may include analgesics. For a total knee replacement, you may also receive local nerve blocks which specifically block the pain nerves. These do not affect the muscles which are free to move after surgery, enhancing recovery.

Immediately After Surgery

After your operation, you will be taken to the recovery room where your blood pressure, pulse, breathing and wound will be closely monitored.

You may have:

- A drip for fluids
- Oxygen through a mask or nasal tubes
- Support stockings and blood-thinning injections to prevent blood clots

Pain relief will be given regularly – please let the nurses know if you are in discomfort.

Physiotherapy and Rehabilitation

Early movement is vital to your recovery. Most patients will get out of bed with physiotherapy support on the same day as surgery.

- You will be taught exercises to strengthen your muscles and improve movement
- You may use crutches or a walking frame at first
- For hip surgery, avoid sudden or extreme movements and follow any hip precautions advised
- For knee surgery, regular exercises are important to avoid stiffness and improve bending/straightening

Your physiotherapist will give you a booklet of exercises – please continue these at home.

Going Home

I am a strong advocate of daycase surgery and this may be an option you are willing to consider.

Daycase surgery can offer the advantages of early mobilisation, allowing you return to your normal activities and shorter hospital stays, decreasing the risks of complications including blood clots and infections. Many patients welcome their own bed and surroundings on the night of surgery, away from the clinical setting. The painkillers you receive on discharge will be the same as those given in hospital. The ward and senior team are available 24 hours in case of questions or queries when you get home.

The decision to be a potential daycase patient will be discussed at your outpatient visit, however on the day of surgery, to be a daycase patient, three criteria need to be fulfilled, The nursing and ward medical staff have to pass you medically fit for discharge, the physiotherapists have to pass you safe for discharge and most importantly, you the patient, have to be confident this is the correct decision for you. There is no pressure to be a daycase.

If you are not a daycase patient, you will usually be discharged the next day, once it is safe.

Before going home, you will be given:

- A supply of pain relief medication
- Blood-thinning medication (usually for 10–30 days, depending on which joint has been replaced)
- Instructions on wound care
- A combined wound check and physiotherapy appointment (usually 2 weeks after surgery)
- An outpatient appointment (usually 8 weeks after surgery)

Tips for home:

- Arrange transport home (you will not be fit to drive)
- Have meals prepared or stocked in advance
- Use chairs with arms and avoid low seating
- Use aids such as raised toilet seats or long-handled sponges if advised. These are not mandatory but may help, especially if your toilet seat at home is low.

Recovery and Long-Term Advice

Recovery time varies, but most people are mobile with sticks within 2–6 weeks. Full recovery, to build up stamina, may take 6–12 months.

- Driving: usually safe after 6 weeks (check with your consultant and insurance provider)
- Work: office work may be possible after 6–8 weeks, heavy manual work may take longer
- Sport: walking, swimming and cycling are encouraged; avoid high-impact sports unless cleared by your surgeon
- Flying: avoid flights for 6–12 weeks after surgery due to blood clot risk (check with your consultant before flying, as a general rule, short haul flights are possible at 5 weeks, longer haul flights 12 weeks).

Complications and When to Seek Help

All surgery carries risks. The complications and implications of these will have been discussed at your outpatient clinics. Early possible complications include:

- Wound infection (redness, swelling, discharge, fever)
- Blood clots (pain or swelling in the calf, sudden breathlessness)
- Joint stiffness or dislocation (especially after hip surgery)
- Slow wound healing (more common in smokers and people with diabetes)

Myself and Spire take immense pride in our levels of care but If you experience any of these, please contact the hospital team directly as a first port of call. You may be asked to contact your GP or even attend A&E but we are experts in triaging these rare complications and can direct you to the most efficient and safe care.

Follow-Up and Support

You will be reviewed in clinic 8 weeks after surgery. Your physiotherapist and consultant will monitor your progress and adjust your rehabilitation plan.

Clinical Nurse Specialists are available for advice during recovery. Their contact details will be given to you on discharge.

Frequently Asked Questions

- Will I need a raised toilet seat? – Sometimes recommended after hip replacement.
- Can I kneel after knee replacement? – It may be uncomfortable; wait several months and try with a cushion.
- Can I have sex after surgery? – Yes, once comfortable. Avoid extreme hip positions if you have had a hip replacement.
- How long will swelling last? – Several weeks for knees, sometimes months after hip replacement.
- Is hip/knee replacement major surgery? – Yes, but outcomes are very successful for most patients.

Other Website Support

Please note there are many websites giving advice and guidance regarding hip and knee replacement surgery. My patients have found the following useful.

[Sheffield Aches and Pains - Patients](#)

sheffieldorthopaedics.com/about-us/

[Patient Information – British Hip Society](#)

[Hip replacement - NHS](#)

[Knee replacement - NHS](#)

[Supporting Patients - NEC ODEP](#)

[Surgeon Profile - NJR Surgeon and Hospital Profile](#)