NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Revision Total Knee Replacement

Version number: **6**
Last modified date: **03rd July 2026**

Revision Total Knee Replacement

Patient Information

Trauma and Orthopaedics Department

- Author ID: NC
- Leaflet ref: Musc 030
- Version: 6
- Leaflet title: Revision Total Knee Replacement
- Last review: January 2025
- Expiry Date: January 2027

Introduction

On behalf of the Orthopaedic Team, we would like to wish you a warm welcome to Wrightington Specialist Orthopaedic Hospital.

Here at Wrightington Hospital we have a long history and tradition in joint replacement surgery, having pioneered the first joint replacements in the 1960s. We now perform over 1,000 knee replacements, and over 120 revision knee replacements, every year, using innovative and advanced techniques to make your recovery quick and safe; helping you to get better sooner.

This information booklet aims to answer any questions you may have about undergoing revision knee replacement surgery at our hospital. The booklet also aims to describe what you can expect from your knee replacement surgery and how specialist techniques can make you recover sooner.

We understand that you may feel nervous about surgery, but our Orthopaedic Team will answer any questions you may have on your preoperative visits and whilst you are an inpatient. Please do not hesitate to ask any member of the team for queries, concerns, or guidance.

Depending on the surgery performed your length of stay will range from 3 - 7 days, if the revision is for infection your stay will usually be 2 weeks. You will encounter a lot of the orthopaedic staff. Everyone works together to make your surgical experience as pleasant as possible whilst maintaining the highest quality of standards and care.

The Team

- Consultant Surgeon

- Orthopaedic Fellows, Registrars and Junior Doctors
- Anaesthetists
- Orthopaedic Practitioners
- Specialist Enhanced Recovery Nurses
- Specialist Pain Management Nurses
- Ward Nurses
- Physiotherapists
- Occupational Therapists
- Therapy Assistants
- Theatre and Recovery Staff
- Pharmacists
- Radiographers

What is revision knee replacement?

A revision knee replacement is the removal of an old knee prosthesis (artificial joint), and replacement with a new prosthesis.

A revision may be required for a number of reasons: ongoing problems following an initial knee replacement, the old artificial joint has become worn or damaged, loosening of

components (this may be due to wear and tear) or infection, fracture of bone around the components, or when converting from a partial knee replacement to a total knee replacement.

Treatment options

Most primary knee replacements last 12 to 15 years. Over time the components can become worn or loose, and when this occurs, symptoms such as pain and instability are common. Investigation is needed to determine the cause of the symptoms and what course of treatment or surgery is required.

One cause of loosening and pain is infection; therefore, a number of tests are carried out to confirm or rule out the presence of infection. If infection is found, the knee replacement may need to be performed in two stages. During the first stage the old prosthesis is removed, and antibiotic cement is put into the space to treat the infection; a course of antibiotics will also be needed. The second operation takes place a few months later after the infection has cleared. The cement is removed, and a new prosthesis is implanted.

A member of your consultants' team will discuss the surgical procedure and post-operative treatment with you. If you are worried or do not understand any part of your treatment, please discuss with a member of the health care team.

Benefits of surgery

The main aims of revision knee surgery are to decrease pain, eradicate the infection (if present) and improve mobility.

Risk of surgery

Blood clots

Deep vein thrombosis (DVT) (Blood clot in the leg)

Pulmonary embolism (PE) (Blood clot in the lung)

Blood clots can occur after any operation but are more likely to occur following lower limb orthopaedic operations. When these clots occur, a blockage can develop in the veins of the leg causing swelling, pain and warmth. Swelling in the leg after surgery is very common and can take time to resolve. If there is any doubt you should seek the advice of your doctor.

A blood clot in the lungs is termed a pulmonary embolus (PE). In rare circumstances (1 in 1000) this can cause death. Symptoms of a PE include shortness of breath, sharp chest pain and blood coughed up in your phlegm.

Preventative measures

1. We now mobilise patients as soon as possible following joint replacement surgery, this can occasionally be on the day of surgery or if not the day after. This has the advantage of increasing blood flow to the leg and maintaining the circulation.

2. You will need to wear elasticated stockings for up to 6 weeks following surgery. These are similar to flight compression stockings.

3. We assess all patients' individual risk of blood clots as recommended by the National Institute for Health and Care Excellence (NICE). Following risk assessment, most patients are advised to take blood thinning agents. You will be advised by your doctor or nurse on how to take this medication and for how long.

A heparin medication called Dalteparin is used for most patients and is required for around 14 days following total knee replacement. Patients are taught to inject themselves. Some Consultants may prescribe an alternative medication called Apixiban, this is a tablet-based

medication taken once a day for 14 days.

Joint Infection

You will be screened for bacteria and Methicillin-resistant Staphylococcus aureus (MRSA), before you come in for your operation to reduce the chance of infections. This enables any treatment to happen and reduce the risk of infection to you and to others. It is very important that there are no cuts, grazes or wounds on your legs when you come for surgery.

It may be worthwhile considering avoiding activities such as gardening for a few weeks prior to your surgery.

We will encourage you to lose weight if applicable as being overweight significantly increases the chances of infection following surgery. We also encourage smoking cessation as there is evidence that smoking increases your chances of infection as the wounds take longer to heal.

During the operation you will be administered intravenous (IV) antibiotics, if the revision is for infection, then IV antibiotics will be continued on the ward, and occasionally in your own home or at a special clinic on discharge. Your surgery will also take place in advanced air-flow operating theatres which help reduce the bacterial levels.

Deep infection in an artificial joint is a very serious complication. It occurs in about 1% of primary knee replacements and 5-10% of revision knee replacements. More common is a superficial infection around the wound but occasionally this can progress deeper. We take any infection seriously. If you think you have a problem, you should **always let us know immediately via the helpline**. We will inform your surgeon and get you reviewed urgently.

Every patient receiving a hip or knee joint replacement is given an accompanying information leaflet explaining why it is important any infections are identified and appropriately treated. Attached to the information leaflet will be a card; this will list all the numbers available for any department you may need to contact. You will also be given a post-surgery wound questionnaire, in order to identify any wound infections that may occur

after discharge. There is a number to contact in relation to wound problems and / or infection. Your General Practitioner (GP) or district nurse may be treating the infection, but we still want you to let us know. **Contact us via the helpline, or out of hours, ring the ward that you were on.**

If a deep infection is not treated within the first few weeks, then further surgery may be needed. Early treatment can help reduce this risk.

Joint Loosening

As with a primary knee replacement, revision surgery also has a limited lifespan. They are mechanical devices which will eventually loosen or wear out. Current evidence suggests that revision knee replacements do not last as long as primary knee replacements.

Stiffness

Due to the nature of revision surgery some patients may end up with less movement than following their primary knee replacement. Getting your knee moving soon after surgery with the aid of the Therapy Team will improve your rehabilitation and maximise your chances of regaining your range of motion.

Fracture

There are occasions when a bone may break during this procedure. The risk is very low, and most fractures are very minor and require no specific treatment. If treatment is necessary, fractures can be treated with plates or wires during your revision surgery. Everyone gets a routine check x-ray after the operation. In rare circumstances a return to theatre may be necessary to fix the fracture.

Nerve Injury

It is common to feel some patchy numbness over the front of the knee after surgery. This usually resolves over time, though if it remains it does not cause any serious problems.

There are several large nerves in the vicinity, which supply sensation and power to the leg muscles. Although rare, these can be damaged, but normally recover after a period of months. Occasionally the problems can be permanent leading to pain, altered sensation and weakness of the limb.

Urinary Incontinence

Depending on your anaesthetic type or if you have individual risk factors a bladder catheter may be inserted. Therefore, a small number of people can develop urinary incontinence. This is normally temporary and resolves itself within a few hours of your surgery. If you have had a catheter inserted this is removed within 24 hours after your operation. Sometimes reinsertion of the bladder catheter is necessary if you cannot pass urine. If this continues to be a problem, we will make you a referral to see a specialist urology doctor.

Persistent Pain

Following primary knee replacement surgery up to 10% of patients are left with some minor discomfort, but this does not usually interfere with day-to-day activities, and the same is true for revision surgery. A much smaller proportion of patients remain very dissatisfied and have on-going pain and discomfort. Some patients can develop complex regional pain syndrome which while uncommon may cause pain, swelling, stiffness and skin changes.

Medical problems

There is a small risk of developing a medical problem following surgery. These include heart attacks, strokes, and pneumonia. There is also a small risk of dying associated with this type of operation. These risks will be discussed with you at the time of consultation with your surgeon and Anaesthetist. If there are any concerns your doctors may transfer your care to another speciality for ongoing treatment.

Information Resource

The National Joint Registry (NJR) for England, Wales and Northern Ireland collects information on joint replacement surgery and monitors the performance of joint replacement implants. The registry helps to monitor the performance of implants and the effectiveness of

different types of surgery, improving clinical standards and benefiting patients, clinicians, and the orthopaedic industry.

Please see their website for further information www.njrcentre.org.uk

Summary

Revision knee replacement surgery is usually a very successful operation, but as with any other surgery there are risks of complications, which may affect a small number of patients.

Outpatient Clinic

When you attend the outpatient's clinic you will be entered onto the waiting list for your procedure. Your consultant will work closely with the admissions team and preoperative assessment team to agree on a suitable date for your surgery. Once this date has been agreed you will be notified in writing.

You will be encouraged to **reduce weight if appropriate** and **stop smoking**. These two measures have been proven to lower complications such as delayed healing and infection following surgery.

Following your appointment, you will be sent to the preoperative assessment clinic, usually on the same day. Due to the complex nature of the revision surgery, you will need to be assessed by an anaesthetist prior to undergoing surgery. If an anaesthetist is not available on the day you will be provided with an appointment to see one at a later date.

Preoperative assessment

It is essential that you attend this appointment

During this visit you will undergo assessment to ensure you are fit for surgery. You will undergo simple checks on your heart, lungs and have blood tests taken. Skin swabs will be taken to test for MRSA carriage. You may require an x-ray and be asked questions about your medical history. It is important that you bring any relevant documentation and list of

medications to this visit. If you are on blood thinning tablets e.g. aspirin, warfarin, clopidogrel or dipyridamole please inform the nursing staff as you may have to stop these prior to surgery. This would only be under the direction of a doctor.

Please tell the doctor or preassessment nurse if you are already taking these medications for other reasons, or if you are taking another medication called pregabalin.

If you have a long-term illness, such as heart or lung disease it may be necessary for you to be seen by a specialist prior to the operation. If you are not considered fit for surgery the operation will be cancelled. You will receive an outpatient appointment with your Consultant who will discuss alternative treatment options.

How long will I be in hospital?

This depends on the type of revision surgery you have and whether the operation was carried out due to infection. Length of stay is usually 3 to 7 days but could be much longer if long term antibiotic therapy is needed.

You will only be discharged home when you are medically stable and can manage safely.

Admission

The day you are admitted will be the day you undergo surgery. Please follow the fasting guidelines, which you will have received from the preoperative assessment clinic or in the letter which you have received from our Admissions Department.

Reminder: Please ensure you have a bath or shower before you arrive at the hospital. We need you to be as clean as possible to keep the operation site as clean as possible to reduce the risk of infection.

It is also important that you do not apply creams or make up after your bath or shower. If you shave your legs, please do not shave for at least three weeks prior to the operation.

Shaving is known to increase infection rates in joint replacement unless conducted immediately before the operation. It is not known whether hair removal creams increase infection risk, and these may be best avoided.

You will normally be admitted on the morning of your surgery to either the Orthopaedic Assessment Unit (OAU) or D Ward at Wrightington Hospital. Following your operation your will be transferred to one of the orthopaedic wards. Please do not bring too many possessions into hospital with you as storage space is limited. Bring well-fitting comfortable flat shoes to walk in and some comfortable slippers. There may be some swelling in your foot after your surgery therefore consider this when selecting suitable footwear, shoes without backs are not recommended. If surgery is undertaken in the morning, we would hope that you are up and walking on the same day.

On admission the final checks prior to surgery will be undertaken. If your temperature is low, you may be warmed, using blankets, as this has been shown to minimise the risk of infection. Occasionally delays in theatre or unexpected changes to the operating list may mean you have to wait longer than anticipated. If this happens you may be offered a drink after discussion with your anaesthetic team. You may wish to bring a book or a magazine with you to pass the time.

The Anaesthetic

When you are admitted onto the ward you will be seen by the Anaesthetist who will discuss your anaesthetic choices and post-operative pain relief with you.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation.

The spinal anaesthetic involves a small injection of local anaesthetic between the bones of the lower part of the back around the nerves of the spinal cord. This causes a temporary

numbness and heaviness from the waist down and allows surgery to proceed without feeling any pain. A light general or some sedation can then be used in combination to lower your awareness of theatre activity during the surgery.

This anaesthetic combination is preferred because it is safe, effective and the full effects usually wear off very quickly following the surgery. This allows most patients to make a rapid recovery with very few “hangover” side effects such as sickness, which can occur following a general anaesthetic. It also allows for you to start moving your knee soon after surgery.

Due to the effect of the spinal anaesthetic your bladder will be temporarily numbed. This can sometimes make it more difficult to pass urine immediately after surgery. A tube (catheter) can be inserted into the bladder to relieve this problem, but this is only performed if absolutely necessary or you have risk factors for urinary problems.

From the start of the anaesthetic until the end of your operation a member of the anaesthetic team will stay with you for the whole time watching your condition very closely. Your heart rate, blood pressure and breathing are monitored, and your body temperature is kept normal using a specialist warming blanket.

The operation

You may have some awareness once in the operating theatre depending on how much sedation you have decided to have. Some patients decide to remain completely awake. The theatre team including your surgeon will be wearing specialist clothing (space suits) and working under a state of the art special airflow system to minimise any chances of infection.

During your operation the surgeon may inject high volumes of local anaesthetic into the tissues around the knee joint. This complements the spinal anaesthetic and helps with your pain relief after the operation allowing you to move the knee immediately. This technique normally provides excellent pain relief; however, you will be asked about your comfort levels regularly and will be offered extra pain relief.

Recovery

From the operating theatre you will be transferred into the recovery ward. The staff here will:

1. Check your general condition
2. Take your observations, pulse, blood pressure and oxygen levels
3. Check your wound dressing
4. Monitor your spinal anaesthetic
5. Assess your pain control

After a short time, you will return to your ward.

The ward staff will continue to monitor you and make sure you are comfortable.

Pain Relief

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time, then you must let the ward nurses know so they can help you to get more comfortable. We also have a dedicated team of pain nurse specialists who may come to see you after your operation.

Good pain relief is important in your recovery following surgery. The importance of having pain killers regularly is to:

• relieve/reduce pain

• assist in deep breathing and coughing to prevent the development of complications (chest infection)

• enable you to move and undertake physiotherapy

• reduce your hospital stay

Painkillers will be provided by the following methods:

• epidural

• patient controlled analgesia (Morphine pump) injections

• local anaesthetic - regional blocks / wound infusions

• Intra-muscular injections

• oral pain killers

Epidural analgesia

Your anaesthetist may recommend an epidural infusion following your surgery.

An epidural is simply a fine tube (epidural catheter) to be placed into your back which delivers painkillers and pain numbing drugs (local anaesthetic) in a continuous infusion which can be topped up by the anaesthetist or by yourself using a button. This method can be very effective at numbing the pain and may also numb your legs slightly too. You will be asked to raise your heels off the bed to relieve pressure. Nurses will check the area where the catheter is placed at least once per day during the infusion and will continue to observe once daily until discharged from hospital or 10 to 14 days post operatively for any signs of infection or bruising.

The epidural is usually kept in place from two to seven days. Once the epidural is switched off, you will receive oral pain killers to manage your pain. Once your pain is controlled the catheter will be removed. The feelings of numbness / heaviness in your legs will soon return.

Patient controlled analgesia (PCA)

This method of painkiller allows you to control your own pain relief. It allows you to only take the amount of painkiller required. A machine with a handset will provide a small, measured dose of pain killer when the green light is pressed. It is advisable to press the button before doing anything that you may think will be painful like getting out of bed, coughing or deep breathing. A nurse will help you to learn how to use this.

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time then you must let the ward nurses know so they can help you to get more comfortable. We also have a dedicated team of pain nurse specialists who may come to see you after your operation.

Local anaesthetic / regional block / wound infusion

The Anaesthetist may recommend a painkiller using local anaesthetic. Local anaesthetic blocks pain messages at the operation site. This maybe as a one-off dose or as a continuous infusion via a small tube placed into your wound / operation site for approximately 48 hours and inserted during your operation. Other methods of analgesia will be given such as oral painkillers and / or PCA (morphine pump).

You may feel a slight loss of muscle power or a tingling sensation at your operation site, but this should stop once the infusion has stopped and removed, and the effect of the local anaesthetic wears off.

Intramuscular injections

A painkiller can be injected into your thigh muscle. Pain killers and drugs used in nausea and vomiting can be given this way.

Drugs given in this way take 20 to 30 minutes to work. This method can be very effective but can wear off more quickly in some patients.

Oral painkillers

You may be given 2 or 3 different types of painkillers together at regular intervals to help control your pain. These include Paracetamol, Codeine and may include a non-steroidal anti-inflammatory such as Ibuprofen, Naproxen, or Diclofenac. Taking painkillers orally is most effective and take approximately 30 to 40 minutes to start working. It is important to ask the nurses for painkillers before the pain becomes too severe as it will take longer to manage. If you are feeling nauseous and unable to take oral pain killers, then pain killers can be given as suppositories and work very well or intravenously.

Exercises

It is essential that you commence the following exercises as soon as you can after your operation and whenever you are resting to help prevent blood clots.

Ankle exercises

This should be done every hour for approximately 5 minutes or longer if possible. This helps maintain the circulation in your calf muscles. If you experience any pain or tenderness in the calf, please contact the nursing staff immediately. You may not initially be able to do this until the spinal anaesthetic has worn off. This is normal and the movement will return in time.

Deep breathing exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths. Try to breathe as deeply as possible and after the last breath try to “huff” out the air. This may stimulate a cough. Some people may experience a productive cough after anaesthetic.

Exercise Programme

It is essential that you follow this programme regularly after your surgery.

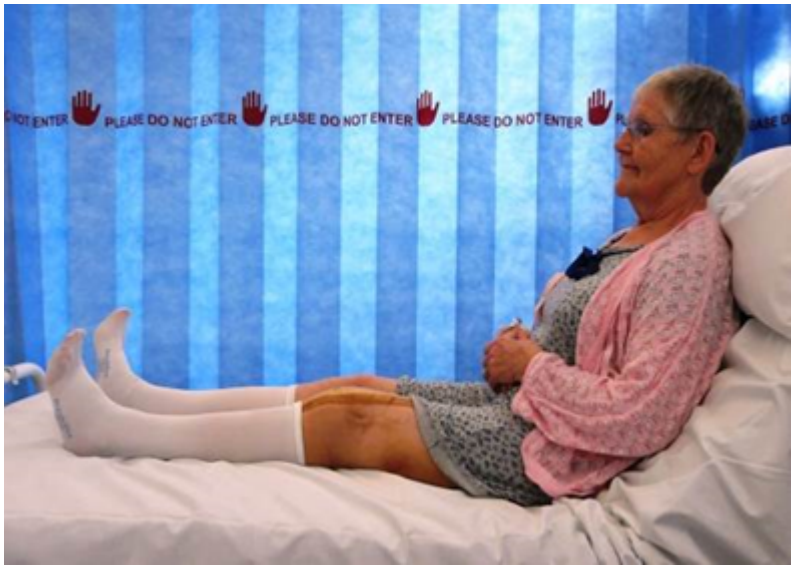
We also advise that you start doing this programme BEFORE your operation to help improve the movement and strength in your muscles.

The Physiotherapy Team on the ward after your operation will monitor your exercise and we encourage you to perform the programme independently at least **three times per day.**

It is very important that you continue to do these exercises when you leave hospital to get the very best result possible for you.

Straightening exercises

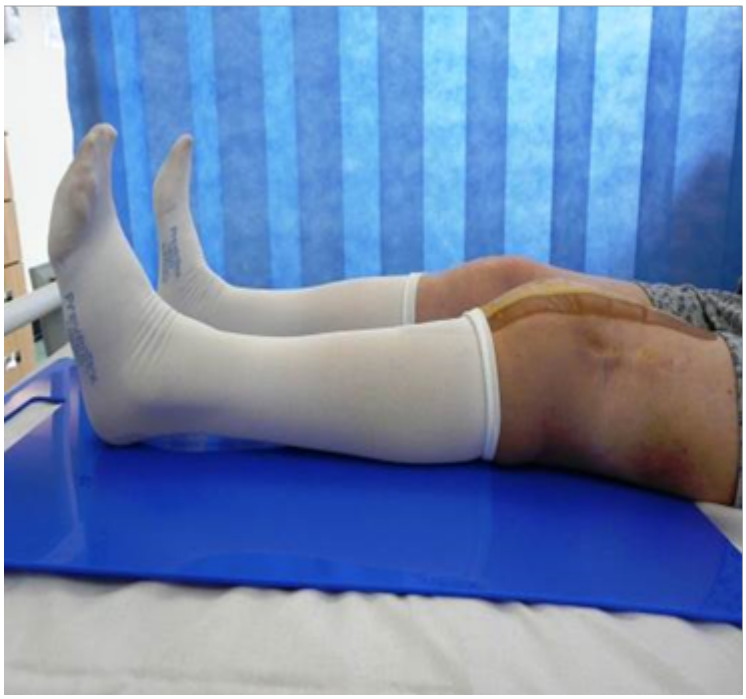
With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the knee down. Hold the contraction for 3 seconds and repeat 10 times.



Do the same as exercise 1 but put your heel on a block or pillow.

Bending exercises

With a sliding board / plastic bag under your heel, slide your heel up towards your bottom. Hold on maximum bend for 5 seconds and then release.

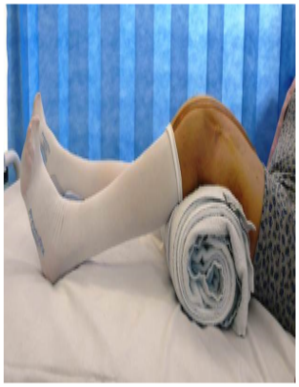


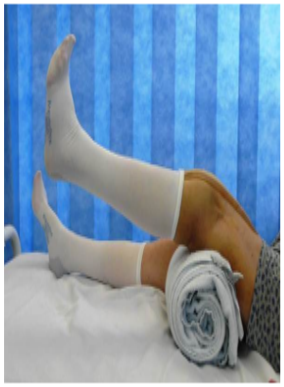
Sitting in a chair with your foot on the ground, slide your foot firmly towards you and hold for 3 seconds.

Strengthening exercises

Sit with a rolled-up towel under your knee. Keep your knee down on the towel and raise your heel off the bed. Straighten your knee as far as possible and hold for 3 seconds. Slowly

lower your heel back down to the bed.

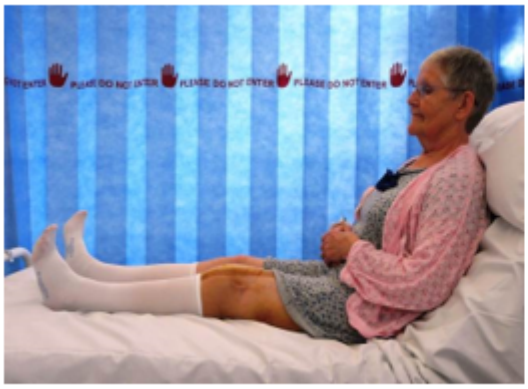


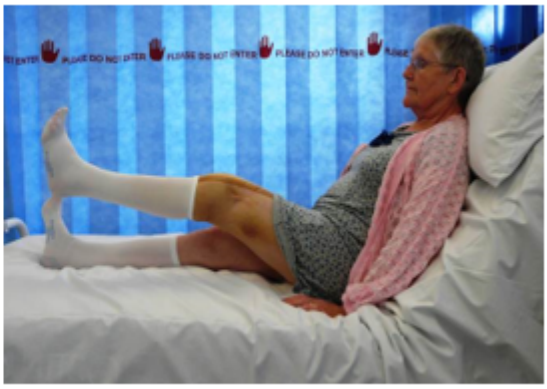


Squeeze your buttocks firmly together, hold for 3 seconds then relax. Repeat 10 times, at least 3 times a day.

Sit with your leg out straight. Tighten the thigh muscles; lift your whole leg about 15 cm off the bed. Hold for 3 seconds and slowly lower down.

If you have a problem with your hip or have had previous hip surgery this exercise might not be appropriate. Please speak to your Physiotherapist for advice.





Mobility

As a rule, you will be allowed to walk either the same day or the day after your operation. Do not worry if this is not the case for you. You will be told as soon as possible when you will be able to get up.

You will be instructed on the use of crutches / walking aids and the correct way to walk. Once assessed by the Therapy Team you may walk with another member of staff. The aim is to help you regain independence with the crutches / walking aid as quickly as possible, allowing you to walk with minimum supervision or independently as soon as you are able to do so.

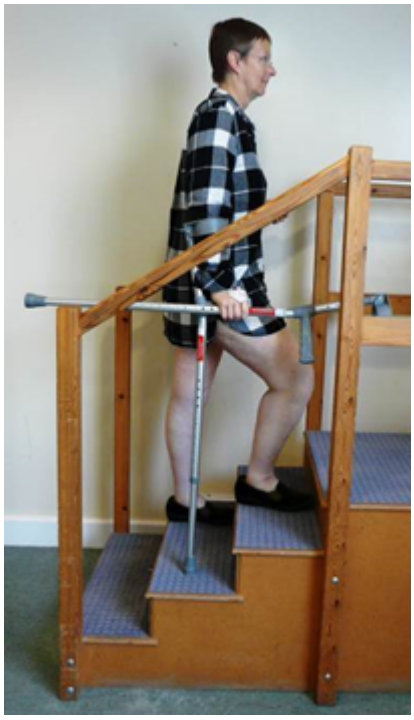
However, it is important to understand that everyone is different and that the appropriate amount of help will be given to you.

Stairs

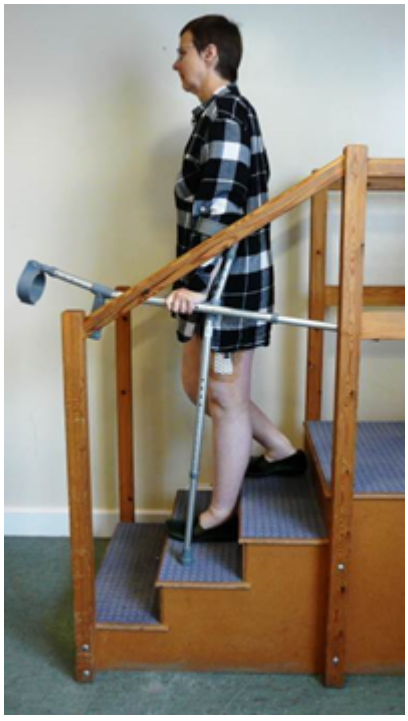
Once you are walking well you will be taught how to manage stairs or a step (according to your needs).

- Take one step at a time

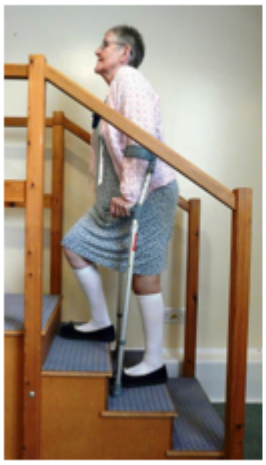
- **Going upstairs**: use the banister on one side and the crutch/stick on the other side. Leading with your non-operated leg, first place your foot on the step; then with your operated leg, place your foot on the same step, and lastly your crutch/stick

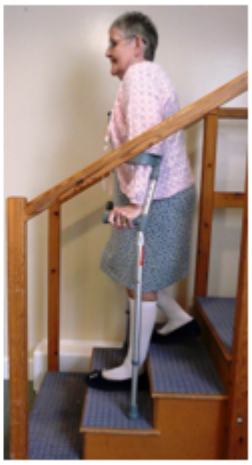


- **Going downstairs**: use the banister on one side and the crutch/stick on the other side. Place your crutch/stick first on to the step, then your operated leg onto the step and then the non-operated leg onto the same step.



- **Steps without rails or kerbs**: use both crutches / sticks together





Day of surgery (day 0) – on the ward

You may be encouraged to get up a few hours after your return to the ward, though usually this will occur on the first day after the operation. This will initially be with the help of the Therapy Team and nursing staff who will show you how to walk.

The walking sequence should be:

- Move your walking aid
- Step forwards with your operated leg
- Step forwards with your un-operated leg

You will then be encouraged to sit in a chair and wear day clothing. Easily fitting and comfortable clothes are best. You will also be encouraged to return to normal function including completing your exercises independently throughout the day.

Post-operative day 1

You will be encouraged to be as independent as possible.

You will usually get dressed into your normal clothes. Please bring easy-fitting clothes and well-fitting slippers when you are admitted.

Routine pain relief and any other drugs you may take will be given. Assistance with mobilising and dressing will also be given.

You will be visited on the ward by the Therapy Team daily, including weekends.

Remember: It is important you also exercise independently.

Post-operative day 2

You will be encouraged to:

Attend to your own personal hygiene and continue with regular mobilising and leg exercises.

Practice stair climbing if necessary.

The Therapy Team will undertake an assessment of transfers as required. For example, getting in and out of bed, sitting correctly and getting up from your chair and the toilet. They will ensure you are completing them safely and that you are familiar with any equipment which has been provided for you.

You will go for a check x-ray if this has not been done already.

Once you feel well and manage to safely meet all your discharge criteria (such as climbing stairs on crutches or sticks) you will be allowed home.

Post-operative day 3

You will attend to your own personal hygiene and continue with regular mobilising and leg exercises. Further practice climbing stairs will be arranged, if necessary.

There is a range of discharge dates with most people going home within three to five nights in hospital.

A Pharmacist will visit you on the ward during your stay with us. They will check that all your usual medicines are prescribed for you and that all the correct medicines you need after your operation are prescribed as well. They will tell you about the new medicines that are prescribed for you and are very happy to answer any queries you have about your medicines.

Discharge Criteria

However long your hospital stay is, you will need to meet several goals before you are discharged home:

- Walk independently with crutches / walking aid
- Get in / out of bed and on / off the chair / toilet by yourself
- Be able to get up / downstairs if required at home
- Make satisfactory progress in straightening and bending your new knee
- Make satisfactory progress in strengthening the muscles in the operated leg

- Have an x-ray of your new joint
- Have all the equipment / help necessary at home

Getting in and out of a car

- Ask your driver to push the seat all the way back and recline it slightly
- If needed use a small cushion to make the seat level
- Putting a plastic bag on the seat can help you slide and turn into position
- Back up to the car until you feel it against the back of your legs
- Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down
- Slide across the seat towards the handbrake to give you sufficient room to get your legs into the car
- Turn towards the dashboard, reclining backwards as you lift your operated leg into the car
- Remove the plastic bag, make yourself comfortable and put on your seatbelt
- To get out of the car reverse this procedure

Follow-up

Although you have been discharged from hospital having made satisfactory progress following your operation, we are still here to support your recovery should you need us.

If you have any concerns regarding your recovery, or think you may be developing a problem, please contact the helpline who will be able to offer advice, arrange additional

support or organise a review if required. It is particularly important that you contact us if you are concerned about your wound.

Monday to Friday: 8am until 4pm.

Orthopaedic Practitioner Office: 01257 256372 (manned 8am until 4pm and answerphone)

SSIS Nurse (Wound Surveillance): 01257 488233

Out of these hours please contact the ward where you were admitted after your operation

Ward A: 01257 256276

Ward B: 01257 256277

Ward D: 01257 256269

John Charnley: 01257 256265 or 01257 256267

Reminder: If your GP or district nurse prescribes antibiotics for a possible wound infection, please contact the helpline. We may need to arrange an appointment with your surgeon. If you have any concerns about infection, please contact us as soon as possible.

Also seek advice if you notice any excessive bleeding or any difficulty with breathing. **If you become urgently unwell call 999**. The dressing on your wound has a bacterial barrier to

help reduce the risk of infection and contains a waterproof seal that allows you to take a shower without changing your dressing.

If you have clips or stitches, they will need to be removed about 14 days after your operation. The nursing staff will let you know the arrangements that have been made for this to be done.

If you have been discharged before day 5, you will be contacted by telephone by our revision practitioners 5 days and 17 days following your surgery to see how you are doing.

You will also have a clinic appointment approximately 6 weeks after your surgery. You will often be seen by the Orthopaedic Practitioner at this point. This is to ensure you are progressing well and to answer any questions you may have.

You **will** routinely have a physiotherapy follow-up appointment which is arranged in discussion with the ward-based Therapy Team. **It is important to continue your exercises at home which you were taught in hospital**.

When You are Home

Please remember you have undergone major surgery; with a primary replacement recovery can take up to 12 months, with revision surgery it can be 2-3 years before you have fully recovered. It is important that you follow these guidelines when you return home:

- Continue to take painkillers as prescribed to enable you to mobilise and exercise effectively and manage your pain and swelling

- Use your crutches / walking aids as directed, the length of time these are needed may vary. Your healthcare practitioner or surgeon will inform you of how long to

remain on both crutches. When it is time to gradually wean yourself off your aids do so as your leg becomes stronger, and your confidence increases. If you are using two crutches / sticks and you wish to try with one, always use it on the opposite side to your operated leg

- Your operated leg will feel stiff each morning when you wake up. Do not worry about this; the stiffness should wear off given time. Always exercise to achieve the bend that you had the previous day then add a little more

- Gradually try to increase your walking distance. Walk frequently throughout the day

- Avoid crossing your legs as this might hinder your circulation

- Avoid sleeping with a cushion or pillow under your knee as this will cause extra stiffness and make it more difficult for you to achieve it straightening

- Wear sensible footwear, ladies should avoid heels

- Avoid kneeling on your knee until after you have seen your surgeon at follow up clinic

- A healthy diet and not smoking will help promote wound healing and overall recovery

Wellbeing

You may need to make adaptations and changes to daily routines. This may trigger anxiety and /or depression and is common following revision knee surgery

- Signs that you may be depressed or anxious can include:

- Negative thoughts

- Changes to eating or sleeping patterns

- Lack of interest in things you used to enjoy
- Difficulty relaxing
- Low energy
- Worrying all the time
- Drinking more alcohol or caffeine
- Becoming unsociable
- Mood swings
- Feeling you will never be able to manage your physical difficulties
- Not wanting to take prescribed medication
- Feeling that your physical restrictions mean you will never be able to enjoy life again

If you spot some of these signs and they last for more than two weeks, wellbeing support may be able to help.

Psychological support (Greater Manchester patients)

Think wellbeing - Tel. 01942764449

Self-refer via web site. Think Wellbeing - Referral Form | Greater Manchester Mental Health NHS FT

Psychological support (non-Greater Manchester patients)

Talking Therapies. self-refer via website - www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies/

Frequently asked questions

Why have I still got swelling?

It is normal for healing tissues to be swollen. The swelling may last for many months. When you take a step the calf muscle works to help pump blood back to the heart. If you are not putting full weight on your leg the pump does not work as well, and you may get swelling around the ankle especially at the end of the day. You may also find that bruising starts to come out in the first few weeks following surgery. This is normal.

Do your circulation exercises often. When resting keep the leg elevated, ideally above the level of your heart. Using some ice may help reduce the swelling around the knee, avoiding the wound directly. Always avoid direct skin contact.

Why is my scar warm?

When tissues are healing, they produce heat. This can be felt on the surface for many months.

How long will I have pain for?

It is likely that you may continue to experience some discomfort for several weeks. If the pain is not well controlled, please inform your GP or call the helpline.

Why do I get pain lower down my leg?

While the tissues are settling it is quite common to get referred pain into the shin or behind the knee.

Is it normal to have a disturbed night's sleep?

As with sitting when you are in bed your knee may stiffen up and the discomfort may wake you. Your sleep pattern may also be disturbed if you are not used to sleeping on your back. It is not advisable to sleep or lie on either side in the early stages of recovery. When you do lay on your side, place a pillow between your knees for added comfort.

Is it normal to have numbness around my scar?

Small nerves are disrupted during the surgery, which can cause numbness around the incision. This should resolve but may leave a small area of permanent numbness.

Why does my joint click?

Your new knee works in a different way. The clicking should improve as recovery continues. Some patients may always be aware of some minor clicking.

When can I drive?

You should usually wait 6 weeks before driving. Before you consider driving you must feel confident that you have sufficient movement and strength so that you could perform an emergency stop. You should also inform your insurance company that you have had an operation before you drive again.

Can I go swimming?

You should not swim for the first 6 weeks and your wound should be fully healed.

When can I return to the gym?

This will depend on your previous level of experience and fitness. Low impact activities such as cycling, treadmill walking and swimming are recommended in the early stages of recovery until the soft tissues have healed and the muscles are strong enough to protect the new joint. High impact activities such as racquet sports and running should be avoided until

after your Consultant clinic review.

Will I set off the security scanner alarm at the airport?

Your joint may set off the alarm depending on the type of metal it is made of. Your metal walking aids will also be x-rayed. It is not normally advisable to fly within 3 months of your surgery as flying increases the risk of a DVT. If you are considered to be high risk for DVT you should get advice from your Consultant or GP. They may recommend you delay your trip. You should also check that your insurance policy provides adequate cover.

Additional telephone numbers

Wrightington Main Switchboard: 01942 244000

Admissions:	01257 256211
Pre-operative clinic:	01257 256340
Physiotherapy:	01257 256307
Occupational Therapy:	01257 256306
Outpatients:	01257 256295
Patient Relations (PALS):	01942 822376
Orthopaedic Practitioners:	01257 256372 / 01257 488233
Enhanced Recovery Team	01257 488282 / 01257 482080

Version number: **6**
Last modified date: **03rd July 2026**