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Introduction

This Booklet has been produced by the Orthopaedic Unit in partnership with patients. It is designed to provide information about total knee replacement and what to expect before and after the operation.

This advice is provided to help you prepare for surgery, recovery and rehabilitation. It is recommended that you read this booklet before your surgery and write down any questions you may have on the back page of this booklet. You should then bring it with you to when you come to the hospital.
Total Knee replacement - What is it? - Is it for you?
The knee joint is one of the largest and most complex joints in the body. The knee is made up of the lower end of the thigh bone (femur) which rotates on the upper end of the shin bone (tibia) and the kneecap (patella) which slides in a groove on the end of the femur. Large ligaments attached to the femur and the tibia provide stability. The long thigh muscles give the knee strength.

Total knee replacement is an operation to replace the injured or damaged part of the knee with artificial parts. Your new knee will consist of a metal shell on the end of your thigh bone, a metal and plastic spacer on the upper end of the shin bone and if needed a plastic button on the kneecap.

Total knee replacement is an elective operation which means it is not a matter of life or death. There are alternatives. The decision to have the operation is not made by the doctor it is made by you. The doctor may recommend the operation however your decision must be based upon weighing up the benefits of the operation against the risks. The decision to have surgery should be made following discussions with your family, GP and orthopaedic consultant. The real success of your knee replacement however depends partly on you, especially your motivation, exercises and knowing your limitations for a specified period of time after the surgery.

Partial knee replacement (Unicompartmental)
A partial knee replacement as the name suggests only replaces the worn part of the knee this operation is only available if only part of the knee is worn.
You may benefit from a knee replacement if:

- Severe knee pain limits your everyday activities including walking, going up or downstairs and getting in and out of chairs. You may find it hard to walk any distance without significant pain and you may need to use a walking aid.
- You have moderate or severe knee pain whilst resting either day or night.
- You have chronic knee inflammation or swelling that does not improve with rest or medications. Knee deformity or bowing in or out of your knee.
- There is knee stiffness and an inability to bend and straighten your knee.

**Alternatives to surgery**
Prior to offering you surgery to replace your knee your doctor and consultant will discuss with you other ways to help to control the pain and restrictions you may have with an arthritic joint, and these may include :-

- Use of painkillers
- Use of anti-inflammatory non-steroidal tablets
- Cortisone injections
- Trying to reduce your weight, if you are overweight
- Physiotherapy
- Other surgery e.g. Arthroscopy (an operation to look into your knee, using a small camera, and washing any debris out from inside the knee)

In summary total knee replacement is recommended by the consultant orthopaedic surgeon when the knee pain becomes unbearable and not responding to any other form of treatment.

**What can be expected from a total knee replacement?**
More than 90% of individuals who undergo total knee replacement experience a dramatic reduction of knee pain and significant improvement in the ability to perform common activities of daily living however an artificial knee is not a normal knee nor is it as good as a normal knee. Therefore activities that overload the artificial knee must be avoided.

**Expected activities after surgery**
Recreational walking, swimming, golf, driving, light hiking, recreational biking, ballroom dancing and normal stair climbing.

**Dangerous activities following surgery**
Jogging or running, contact sports, jumping sports and high impact aerobics.
**What complications can occur?**

This section is not meant to scare you but to help you to make an informed decision on whether to have knee replacement and help you to cope better with any complications that may occur. It is important that you understand the possible risk linked with any major operation and total knee replacement is no exception.

Total knee replacement is 90% successful but 10% of patients can develop complications; however, serious complications such as knee joint infection occur in less than 2% of patients. Major medical complications such as heart attack or stroke occur even less frequently.

Chronic illness may increase the potential for complication, though uncommon when these complications occur they may prolong or limit your full recovery.

**Wound Infection**

The wound on your knee can become inflamed, painful and weep fluid which may be caused by infection. The majority of wound infections can be treated by a course of antibiotics and often settle down following treatment. Deep wound infection where the new knee is infected may require the new knee to be removed and your knee fixed, which may result in a leg length shortening. The leg can be weak and you would need to use a walking stick or crutch when walking.

You can help prevent infections in the wound by keeping the area clean and dry. The wound dressing should normally not be disturbed, and should only be redressed by your nurse. In the long term, you should check with your doctor and dentist prior to any dental treatment or skin or urine infection as you may need antibiotics.

**Deep Vein Thrombosis (DVT)**

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. When detected the treatment may involve blood thinning injections followed by a course of warfarin tablets.

To help prevent DVT you will be given breathing exercises and foot and ankle exercises. Walking and wearing anti-embolism stockings (TEDS) for six weeks following surgery also significantly reduces the risk of DVT. You will be prescribed dabigatran, a blood thinning drug which you will take daily for 10 days following surgery.

**Pulmonary Embolism (PE)**

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is low. Treatment is the same as deep vein thrombosis but requires a longer hospital stay.

**Wear and tear of the replacement**

Although implant designs and material, as well as surgical technique, have improved, wear of the weight-bearing surface or loosening of the components may occur between 10-15 years after surgery. Excessive activity or being over-weight may accelerate this wear process.

Loose, painful artificial joints can usually, but not always, be replaced and the risks of complications can be higher.
Preparation for surgery.

Pre-admission assessment.
You will have an appointment for a pre-admission assessment with the nurse practitioner. During the assessment the nurse practitioner will ask you about your general health, medical history and medication. You will also have any necessary investigations such as blood tests, a heart trace (ECG) and x-ray.

This helps your Consultant to consider any medical problems which may affect your risks and complications following anaesthetic or surgery.

An anaesthetist will talk to you and discuss the options of general or spinal anaesthetics. They will also advise you on which of your medications you should take prior to your surgery and if there are any you need to stop, and will also inform you when to stop eating and drinking.

At this time we will ask if you can to choose a coach who may be a friend or family member. They must be able to support you with their time and encouragement. It is advisable that your coach attends all of your appointments and supports you during your hospital stay.

The nurse practitioner will also give you time to ask questions. Discuss the risks and possible complications, advice and education on your activities following surgery.

Hip and Knee ‘School’
Prior to your admission you will be asked to attend a talk given by an orthopaedic nurse and physiotherapist. This will give you more information about your surgery, your stay in hospital and your exercises following your operation. It is an opportunity for you to ask any questions about any aspect of your treatment, and as this talk will be given to a group of patients, will also enable you to meet others who will be having similar surgery to you.

Your Anaesthetic
Prior to your admission you will see an anaesthetist who will discuss the options of general or spinal anaesthetics, and any extra procedures or risks involved. They will ask questions about your health and discuss what he/she is planning to do. Please mention any particular worries you may have, or any previous problems with, or after an anaesthetic.

Going to theatre
You will repeatedly be asked a series of questions to confirm your identity, the nature of the operation you are to have and some medical questions. Please be patient with these checks since they are for your safety. You may be asked to remove dentures, spectacles and hearing aids.
The Anaesthetic Room.
You will have your heart, blood pressure and oxygen levels monitored continuously from now on. You will be given oxygen to breathe from a mask. A plastic needle will be inserted into a vein, and a drip may be connected to this. What happens next depends on whether you are to have a general or regional anaesthetic, or both.

GENERAL ANAESTHETIC OR REGIONAL ANAESTHETIC?

General Anaesthesia
This means being asleep for your surgery. Your anaesthetist will use drugs given into a vein to send you off to sleep. These drugs take about 30 seconds to work. Sometimes, especially with young children or patients with a deep fear of needles, the anaesthetist will use “gas” instead of injected drugs to start the anaesthetic, then, when the patient is asleep, the needle is inserted.

Regional Anaesthesia
This is the term used to describe injecting a local anaesthetic drug to make a part, or “region” of the body pain-free. Usually sedation is given as well. Sometimes we use a regional anaesthetic in combination with a general anaesthetic
The commonest methods of regional anaesthesia are:

“Spinal” anaesthetic:
You will be positioned either sitting or on your side, and local anaesthetic is injected into the skin of your back to numb it. A spinal needle is then inserted through the numb area, into the fluid around the spinal cord, and another local anaesthetic injected. The procedure may be a little uncomfortable. Shortly afterwards your legs will feel warm and heavy, and you will develop lower body numbness lasting for 2-4 hours.

An “epidural”:
A small tube is inserted into the back near the spinal cord, in a procedure similar to a spinal (see above). This tube can be used to give pain-killing drugs.

A “nerve block”:
Local anaesthetic is injected near a nerve to provide numbness over the site of the operation.

For most patients having a hip or knee replacement, the anaesthetist will probably recommend having a spinal anaesthetic (with or without a nerve block) together with sedation. The reason for this is an improved recovery afterwards, together with a reduced risk of complications. For some patients, however, a general anaesthetic is more suitable.
Your anaesthetist or anaesthetic practitioner will be with you all the time you are in theatre, and until you are safely settled in recovery. You may be given fluids into a vein, and if necessary may be given a blood transfusion. You will be given drugs to make sure you will be comfortable when the operation is finished too.

RISKS FROM ANAESTHETICS

Modern anaesthetics are very safe, and serious complications are extremely rare.
Common Complications of General Anaesthesia

Sore throat

Minor bruising
From the needle in the hand or arm.

Nausea and vomiting
This may result from the surgery itself, the anaesthetic or the pain-killers. About 1 in 5 people feel sick after an operation and anaesthetic. There are effective drugs to treat and prevent sickness.

Shivering
This is common after an anaesthetic, and you may wake up with a special warming blanket covering you.

Rare Complications of General Anaesthesia

Teeth
May be damaged during an anaesthetic (especially if they are loose, capped or crowned).

Serious complications
These are extremely rare for most people, but complications such as awareness, severe allergic reactions, nerve damage etc may occur. All anaesthetists are trained to deal with these. The risk of death due to the anaesthetic alone is less than 1 in 250,000. However, if you have any serious medical problems (e.g. heart or breathing problems), these conditions may make your anaesthetic and surgery more complicated or risky. Your anaesthetist will be happy to discuss your concerns with you.

Common Complications of regional anaesthesia

Low blood pressure
This is common after spinal or epidural anaesthesia, and can easily be treated with fluids or drugs.

Headaches
1 in 100 people will suffer a headache after an epidural anaesthetic, and occasionally after a spinal anaesthetic. Please let us know if you develop a headache after such a procedure, since you may require special treatment.

Bruising
The spot where the epidural or spinal was injected may be slightly tender for a few days. This is not a long-term problem.

Rare Complications of Regional Anaesthesia

Failure
Whilst regional anaesthesia is usually very effective, occasionally it does not work, so a General Anaesthetic will need to be given in addition.

Nerve Damage
Rarely, a nerve may be damaged as a result of a regional anaesthetic. Short-term
problems (numbness, weakness or pain) occur in less than 1 in 1000 cases, and permanent damage is very rare indeed; less than 1 in 5000 cases. Should you experience any unusual sensations during or after your regional anaesthetic please tell your anaesthetist, since further investigation will be needed.

Exceptionally, other rare complications may occur (infection, blood clots etc.). Your anaesthetist will be happy to discuss these in more detail should you want to know more.

**Things to do before your operation**

**Medication**
You may be advised to stop taking any drugs that might increase the risk of bleeding. Examples of these are Warfarin, Aspirin and anti-inflammatory medication. Make sure you tell the doctor or nurse everything that you are taking, including any herbal supplements and any ‘over the counter’ medicines. They will then be able to tell you if you need to stop taking any of your medications, and when. This is important because a number of drugs and herbal remedies can interact with your anaesthetic and potentially cause complications.

**Exercises**
It is important to do the recommended exercises leading up to your planned surgery as this will strengthen your muscles and help in the recovery period.

**Diet**
You will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. If you have any concerns about your diet, discuss them with your doctor; you can be referred to a dietician if necessary. If you are overweight, it is very important reduce your weight in preparation for your surgery. This will help to reduce any risks associated with anaesthetic and your new knee will last longer.

**Smoking**
Smoking will compromise healing after any surgery. Heavy smoking also contributes to lung, heart and other medical problems. All of these make recovery that much harder, and you are more likely to develop chest and circulatory problems post operatively if you smoke.

It is best to try and stop smoking at least 2 weeks before your surgery and for 6 weeks afterwards to give time for your wound and the soft tissue around it to heal. This is because smoking reduces the amount of oxygen being delivered to the tissues around your operated joint. Oxygen is vital for the healing process.

**Prepare your home**
Remember, when you first go home you will not be fully mobile and may have some restrictions on what you are able to do.

Think about the things you normally do and make some adaptations. For instance, if you keep your mugs, plates, etc. in a low cupboard, consider moving them to a more accessible place for a short while after your operation. If you have to cook for yourself,
consider making or buying some ready meals that are easy to prepare when you come home. It is also wise to be up to date with household chores like cleaning and laundry.

You won’t be able to do these in the first few weeks after your operation. Involve your ‘coach’ in making the necessary preparations.

What to bring to hospital
You will need your toiletries, nightclothes and some loose fitting, comfortable day clothes. You will feel more comfortable if you get dressed in “day” clothes when you are in hospital. T-Shirts and shorts are practical when doing exercises, etc. Also bring your usual medicines and a small amount of money, but leave valuables, jewellery, etc. at home. You may want to bring a few books or magazines. You will have access to your own television and telephone on the ward for a small charge. You may also want to bring packs of antiseptic hand wipes which you can use every time you go to the loo, and also before and after meals.

Day of surgery
The majority of patients are admitted to hospital on the day of their surgery. However it may be necessary to admit you on the day prior to surgery. The anaesthetist will make this decision and inform you.

Please ensure you follow the instructions given to you by the anaesthetist about when to stop eating and drinking and what medication you need to take. This is known as ‘Nil by mouth’ time and is tailored as far as possible to the time you will have your surgery.

Before a planned admission take a long hot soapy bath or shower, without using heavily scented brands, and have an all-over scrub with a soft gentle brush or loofah. Clip your toe and finger nails (removing all nail polish) and wash your hair. Put on freshly laundered underwear. All this helps prevent unwanted bacteria coming into hospital with you and complicating your care. Facilities are available in the Surgery Centre for bathing on the day of your surgery, if you have had difficulty managing this at home. Please ask a member of the nursing staff on admission if you need this.
The Surgery Centre

On arrival at the surgery centre reception an identification bracelet with your details will be attached to your wrist. You will then be asked to wait for a member of staff to take you into the Pre Operative and Discharge area (POD).

On admission to your cubicle you will have your details checked by a member of staff and your operation is confirmed. Your blood pressure, pulse, temperature, height and weight will also be recorded.

A member of the orthopaedic and anaesthetic team will also see you. Consent for your operation may be taken at this time and your operation site marked and a ‘TED’ stocking placed on your un-operated leg.

Please note that once your admission is completed you may have a long wait in the cubicle depending upon where you are on the theatre list and it would be advisable to bring something to read with you. After your operation, which normally takes 1-2 hours you will then be taken to the recovery area where you will be closely monitored by a recovery nurse until you are awake and comfortable. You will have a clear oxygen mask in place and sometimes the oxygen will be continued on the ward. Once your initial recovery period is over you will be transferred to the ward.

Back on the ward

On arriving on the Ward, following your operation, you will be taken in your bed to your own room. There, nursing staff will monitor your progress for the rest of your time in hospital.

On return from theatre you will be connected to various pieces of equipment, this is normal. These machines help the nurses monitor your blood pressure and pulse, as well as giving you fluids and painkilling medicines through a tube into your vein. You may have oxygen via a mask or small tubes into your nostrils.

Bandages over the wound on your knee will be looked at regularly, and you may have a drain in your operated leg. This drain is normally removed 24 to 48 hours after your surgery.
If you have had a spinal anaesthetic you may not be able to feel your legs or be aware when you are passing urine, again this is normal, the sensations will come back once the anaesthetic wears off.

There is a risk that you may feel sickly following your surgery. It is important that you mention this to the nursing staff as soon as possible so that they can give you something to help combat this.

The nurses are there to reassure you, do not be afraid to ask them things you are not sure of.

Pain relief
Almost all operations will be painful to some extent afterwards, unless you are given pain-killing treatments and most people need a combination of tablets and injections. Taking pain-killers regularly, as prescribed, is more effective than “trying to be brave” and waiting too long between doses.

Advice on exercises and daily functions after surgery

Day 1
A nurse will help you with washing and dressing. You may not feel like eating much on this first day, but it is important that you drink little and often.

The physiotherapist will visit you to check your chest and give you some gentle exercises to do. You can certainly mobilise prior to the x-ray result unless the surgeon instructs otherwise. Your dressing will be reduced and if you have any drains then they may be removed.

Knee bending and strengthening exercises should be started as soon as the dressing is reduced. You may occasionally require a knee brace if the thigh muscles are weak.

1. When lying or sitting, rotate both ankles in a clockwise and anti-clockwise direction. Repeat 10 times each hour.

2. Take several deep breaths every hour.
3. When lying, bend and straighten your ankles briskly. Keep your knee straight during the exercise you will also stretch your calf muscles. Repeat 10 times every hour.

4. Work regularly on your thigh muscles to prevent them from becoming inhibited. You can do this by pulling your ankle towards you and pushing your knees against the bed. Repeat 10 times every hour.

5. Lying on your back, bend the operated leg as far as possible. Repeat 10 times 5 sets per day.

6. You will stand with the physiotherapist and go for a walk using a walking frame or elbow crutches depending on your progress. You should also continue your breathing and circulatory exercises as outlined above and add the following exercises.

7. Straighten your operated leg and pull your toes towards you and lift your leg to about 2” above the bed, hold for a second then relax and repeat 10 times.

8. Lying on your back, place a firm cushion or bottle under you operated leg, pull your toes towards you, push down onto the bottle and lift the lower part of your leg. Hold for 5 seconds and relax. Repeat 10 times 5 sets per day or as much as pain allows.
9. Place a small rolled towel just above your heel so that is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for 10 to 15 seconds

From Day 2 Onwards

On day 2 you will have a blood sample taken, and if your blood count is lower than it normally is you may require a blood transfusion or iron tablets. A nurse will help you with washing and dressing before you are taken to the x-ray department where you will have an x-ray of your new knee

1. Sit in a chair, pull your toes up towards you and tighten your thigh muscles and straighten your knee slowly. Hold for 5 seconds and relax. Repeat 10 times 3-4 sets per day.

2. Whilst sitting at the bedside or in a chair with your thigh supported, slowly bend your knee as far as you can. Hold your knee in this position for 5-10 seconds. Repeat 8-10 times. If this is too uncomfortable you can control the bend with your other foot.

Your mobility will be progressed daily.
Each day, with encouragement from the nurses and physiotherapists, you will become more independent. You will probably be told to use crutches especially if you have stairs at home. The physiotherapist will progress your exercises each day. You should continue working on fully straightening the knee and bending it as much as possible, preferably to 90 degrees prior to discharge. If you have been seen by the Community Orthopaedic team you will be discharged from hospital once medically stable and able to do the above activities safely on average between 3-5 days following your surgery.

**Discharge**

Our aim is for you to be able to go home 3 – 5 days following your operation. This will happen only if you and the team looking after you think it is safe for you to do so. Before you go home you will be given advice on any new tablets, such as pain killers, and when to start any of your tablets that you had stopped. You will have a letter for your district nurse, who the hospital will have contacted, and a spare pair of ‘TED’ stockings. You should also be given an appointment to see your consultant or one of his team 12 weeks following your surgery. A member of the nursing team will attempt to contact you by telephone at home around 4 weeks following your surgery, this is to check on your progress and answer any further queries you may have.

You will be referred to the district nurse at home to check your wound and remove any clips. The clips are usually removed between 12-14 days following your surgery, unless there are specific instructions from your Consultant.

You should continue to do your exercises at home. The usual advice is twice a day. In general, it is better to do them little and often rather than making yourself sore in one long session.

**Follow up**

Following discharge from the ward team you will be referred to a knee replacement rehabilitation group where your exercises will be progressed. You will be seen by your consultant in Outpatients at around 8 weeks following your surgery.
**General Advice**

**STAIRS**

**Going UP stairs**
First take a step up with your un-operated leg.  
Then take a step up with your operated leg.  
Then bring your crutch up onto the step.  
**Always go one step at a time** (Above)

**Going DOWN stairs**
First put your crutch one step down then take a step with your operated leg  
Followed by your un-operated leg Always go one step at a time (Above)

**Do not discard your walking aid until told to do so.**

**Precautions**
If after discharge your knee becomes excessively swollen, red or unduly painful please contact the orthopaedic consultant’s secretary as soon as possible for an urgent appointment, usually within 12-24 hours.

**Anti embolic (TED) stockings**
You must wear these stockings 24 hours a day until otherwise advised. You may remove them to bathe, and to have them washed, but it is important not to leave them off for any longer than 30 minutes in 24 hours. Please keep them wrinkle – free as this may cause problems. You may wash your stockings either by hand or washing machine on a 40-C and allow them to dry naturally.

**Driving**
For a period following surgery driving will be restricted. PLEASE CHECK WITH YOUR CONSULTANT WHEN YOU ARE IN HOSPITAL.

Driving usually begins when your knee bends sufficiently so you can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for breaking and acceleration. Most individuals resume driving about 4-6 weeks after surgery. Please always check with your insurance company before starting to drive.
Swelling
Your knee may swell for a couple of weeks or even longer after your operation. Should this happen you must sit with your leg up and well supported and ease off any strenuous activities. You must however ensure that you bend your knee at regular intervals.

Kneeling
There is no reason why you cannot kneel in time, although many people are unable to do this long term due to discomfort. You should avoid attempting to kneel until at least 6 weeks following your operation.

Gardening
This can be resumed after 3 months, however you must minimise kneeling and avoid entrance of foreign body to the knee which may lead to serious complications such as infection. You must also take great care with heavier work such as digging.

Sport
After 12 weeks you can return to certain sports. Walking and swimming are excellent but sports that require jogging and jumping are not, e.g. football, squash, tennis, athletics, etc.

Reminders
Loss of appetite is common for several weeks after surgery. A balanced diet often with an iron supplement is important to promote proper tissue healing and restore muscle strength.

Do not twist your knee as you turn around but take small steps.

Do not stand for prolonged periods as this may lead to leg swelling. If you are not walking keep your leg elevated when sitting or lying down with exercising the foot and ankle.

Contact your GP at once if you develop an infection anywhere in or on your body as it is essential to have it treated

Inform relevant staff that you have had a joint replacement before any invasive treatment, e.g. dentist, surgeon

Useful Contact numbers
Orthopaedic Nurse Practitioner 0191 4452244
Community Orthopaedic Team 0191 4453872
Rapid Recovery Co-ordinators 0191 4453015 (Mon-Fri 9am-5pm) or 0191 4820000 bleep 2555
Level 1 Surgery Centre 0191 4453040 or 0191 4453004 ( 24 HR HELPLINE )
QEH Main switchboard 0191 4820000
Patient advice & liaison service (PALS) FREE PHONE 0800 953 0667
Useful Organisations
The Arthritis Research Campaign
PO Box 177
Chesterfield
Derbyshire
S41 7QT
Tel : 0870 850 5000
www.arc.org.uk
Funds research and produces a free range of leaflets and information booklets

Arthritis Care
18 Stephenson Way
London
NW1 2HD
Tel : 0207 380 6500
www.arthritiscare.org.uk
Offers self-help support and a range of leaflets on arthritis

Patients Association
PO Box 935
Harrow
Middlesex
HA1 3YJ
Tel Helpline : 0845 608 4455
www.patients-association.com
Provides a helpline, information and advisory service. It also campaigns for a better health care service for patients.

Data Protection and the use of Patient Information

This Trust has developed a policy in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. All of our staff respect these policies and confidentiality is adhered to at all times.
www.dataprotection.gov.uk

All patient leaflets are regularly reviewed and any suggestions you may have as to how they may be improved would be valuable. Please write to the Orthopaedic Directorate at the Queen Elizabeth Hospital.

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This leaflet can be made available in other languages and formats upon request