



Trauma and Orthopaedics

Preparing for your Knee Replacement Surgery at Dorset County Hospital NHS Foundation Trust

A Patient's Guide



1. Welcome to Dorset County Hospital

This booklet is written for patients who have decided to have joint replacement surgery, after discussing the options, benefits, and possible risks with their Surgeon. It is written by the team who will look after you around the time of your surgery at Dorset County Hospital.

We hope this guide will help answer the most frequent questions that patients have about preparing for the operation, the surgery itself and recovery afterwards. It has been written in the order events will happen. We recommend that you read the whole booklet before you come into hospital and bring it with you on the day.

The process for preparing and recovering from joint surgery has changed a lot recently. Patients having surgery are expected to prepare themselves as if training for a marathon. We know, the sooner we get patients up, drinking, eating, and walking after surgery the better your outcomes will be.

With our team of highly skilled surgeons, anaesthetists, nurses and physios many patients will be able to return to their home on the **same day of surgery** as a day case. Some patients may not be able to return home the same day and may need a little longer. We will only discharge patients once they have recovered from their surgery and are safe to return to their home.

Understanding and managing the process of joint surgery

When preparing for joint surgery it is important to have realistic expectations. You should have a clear understanding about what will happen at each stage. You must prepare appropriately for your surgery and work with the clinical teams that you meet during your care.

It is important to remember that YOUR input will determine the quality of your recovery.

All members of the team are committed to providing you with the highest standards in care and we look forward to helping you with your recovery.

2. Preparing for your operation

The weeks/months leading up to your surgery are as important as the operation day itself. After your surgery you will either be returning home the same day or staying one night at the hospital. You should therefore, plan and prepare things for your return home.

It is important that you attend all your appointments before your surgery date.

Transport

You will need to arrange for a family member or friend to collect you after your surgery. The hospital does not provide transport back to your home.

Assistance after your surgery

Many patients who undergo joint replacement surgery have already lived with joint pain for some time and will have made certain adaptations at home already. However, when recovering from your surgery you may also find you need some help with general tasks such as cooking, shopping and cleaning initially. You will need to organise this help before your operation.

If you are going home on the day of surgery, you will need someone who can stay with you at least overnight and for the first day.

Care support

Very few patients need additional care support at home. If your personal choice is to have this, then you will need to organise and pay for this yourself. The NHS can only provide additional care based on assessed need and cannot arrange convalescent care.

Preparing your home

Preparing your home environment in advance is helpful for when you get back home after surgery:

- Freeze some simple-to-cook meals or have some ready meals available.
- Move regularly used items which are heavy or out of reach to more accessible areas, eg move saucepans up from low shelves or cupboards.
- Avoid potential trip hazards by removing loose rugs and obstacles from the floor such as excess furniture or things that could easily be tripped over.
- Make arrangements for someone to care for any pets, such as walking dogs, after your surgery.

Pre-assessment

The Pre-assessment process is very important as it allows the hospital to plan your care.

You will be asked to provide some information about your general health and current medications. You may need to provide this information via:

- A computer or mobile app.
- Telephone consultation.
- Video consultation.
- Face to face.

This allows us to discuss your procedure and provide essential information about fasting times and instructions for your medications.

Pre-assessment appointment

At your appointment we will check various medical details such as:

- General Health status.
- Blood pressure and pulse.
- Your blood count to identify and correct anaemia.
- Your kidney function, and
- If you have diabetes, to ensure you are controlling your blood sugar levels as well as possible.

It is particularly important to control these issues as this has been shown to reduce complications of surgery. It is also useful for any long-term medical conditions to be regularly reviewed by your GP or practice nurse in case they can be improved.

Medications

We will review your medications. It is fine to continue most of these and take them on the day of surgery. However, you may need to stop certain medications before surgery, such as:

- Blood thinning medications
- Some blood pressure medications.

You will receive clear instructions about this and when you should restart them after your surgery.

Pre-operative drinks

The pre-assessment team may give you some specific pre-operative drinks to take in the run up to your surgery. These drinks have been especially formulated to take before the operation to help give you energy, keep you hydrated and prevent dizziness on the day of surgery. These are often easier to take chilled and through a straw provided. You may be asked to drink these on the day before and/or the day of surgery itself.

Keep fit and healthy

The fitter you are for your surgery, the less likely you are to have complications during or after your surgery. You should seek to make some lifestyle improvements:

- Avoid smoking.
- Avoid alcohol for about a month before surgery.
- Maintain and improve your fitness through strengthening exercises – walking, cycling or swimming.
- Lose any excess weight.

Strengthening and training exercises

The exercises in section 5 of this booklet are to be completed both before and after surgery. Doing these exercises will strengthen your muscles and help you recover more quickly after surgery.

Pack a small bag to bring to hospital containing:

- Any medications in their original packets, within a clear plastic bag.
- Loose, comfortable clothing that is easy to put on and take off – your legs may swell after surgery.
- Slippers/footwear with a back that is easy to put on and take off. Avoid flip flops/mules.
- Phone, charger, music device/headphones.
- Glasses and hearing aids
- Walking aids - please ensure they are labelled.
- Something to read to occupy you in case you have to wait.

Avoid bringing any large items, large amounts of cash or anything highly valuable.

3. Day of your operation

You will be asked to arrive at the hospital at a specific time. Depending on your expected slot, this may be early in the morning.

Eating and drinking before your operation

You **must** follow the instructions for fasting and take any preoperative drinks at the requested times. Your operation may be cancelled on the day if these instructions are not followed. In particular:

- Avoid any food or milky drinks for at least 6 hours before your surgery
- You may drink clear fluids up to one hour before surgery
- Sips of plain still water are encouraged up to the time of your operation.

Checklist of items needed:

- ALL current medications in original packaging.
- Overnight bag, in case you are not ready to return home on the same day.
- Glasses, hearing aids, walking aids (labelled).
- Phone, charger, headphones.
- Contact details of person who will be picking you up.
- Any letters you receive from the hospital giving you arrival instructions for the day of surgery.

Arriving at the hospital

When you arrive, you will be met by a member of staff usually on the Surgical Admission Lounge (SAL). They will book you in, confirm some details with you and run through some additional questions.

It is important that you remain warm. Staying warm is good for your comfort and can also lower risks of post operative complications. Please let the nursing staff know if you feel cold.

Confirming your consent

A member of the surgical team will confirm with you the operation that they are planning to perform and check that you understand and agree to the planned procedure. They will mark an arrow with a pen on the leg that is going to be operated upon.

Meeting your anaesthetist

Before your operation you will meet your anaesthetist. They will explain the type of anaesthetic that is going to be used and answer any questions you may have about the anaesthetic.

Your anaesthetist will also give you some pain relief tablets (a pre-med) to reduce your pain after the operation.

Getting ready for your operation

When it is time for your operation, you will be asked to change into a theatre gown. You will then be taken to the operating theatre. Here you will be met by your anaesthetist and the operating department practitioner (ODP) who works with the anaesthetist, helping to look after you. They may have a trainee anaesthetist with them.

Routine checks

Some routine checks will be carried out to confirm your identity and to check for any allergies. We will also again confirm the planned operation with you, and the side on which you are having the operation.

Attaching monitoring equipment and a drip

One of the team will attach some standard equipment to monitor your heart, blood pressure and oxygen levels while you are having your anaesthetic and operation.

Your anaesthetist will also give you various medicines through a drip in the back of your hand. These may include antibiotics, anti-sickness medicine and fluids.

Spinal anaesthetic

In most cases, your anaesthetist will give you a spinal anaesthetic. This is done by injecting local anaesthetic around the nerves in your lower back. This numbs your pain nerves so that you do not feel pain during the operation. Once it is confirmed that the anaesthetic is working well, you will be taken into the operating theatre. Spinal anaesthetics are very safe and avoid the need for having a general anaesthetic, which may have unpleasant side effects*. It also helps you to recover quickly and provides post operative pain relief. You may be offered some sedation and headphones to make the process as pleasant as possible for you.

Nerve blocks

Your anaesthetist will also perform some specific injections around the nerves in your leg, which help control your pain after the operation. These injections are done around the knee after your spinal anaesthetic so they will not be uncomfortable. For more information on this before the day of your operation please visit:

<https://dev.rcoa.ac.uk/patient-information/patient-information-resources/patient-information-leaflets-video-resources> *

The operation

Once in the operating theatre, your leg will be painted with some cleaning fluid and then covered with drapes. You will not be able to see the surgery and the spinal block will prevent you from feeling any of the operation.

Some people find listening to music through their headphones to be a good distraction. It helps them to relax, and this will be offered to you. Some people prefer to have a small amount of sedation, so they have a light sleep through the surgery. Your anaesthetist will discuss and agree with you a plan depending on your medical history and your wishes.

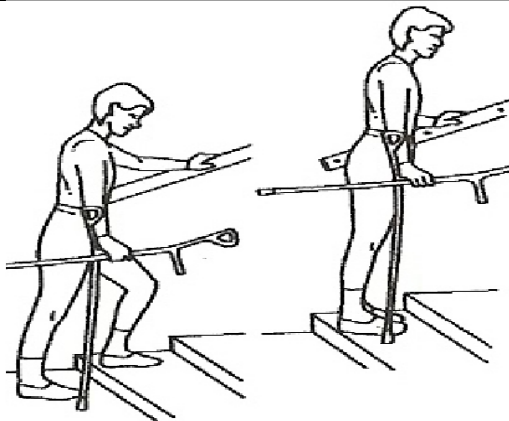
The operation takes about 1 ½ hours. During this time, we will keep you warm and your observations will be continually monitoring by your anaesthetist.

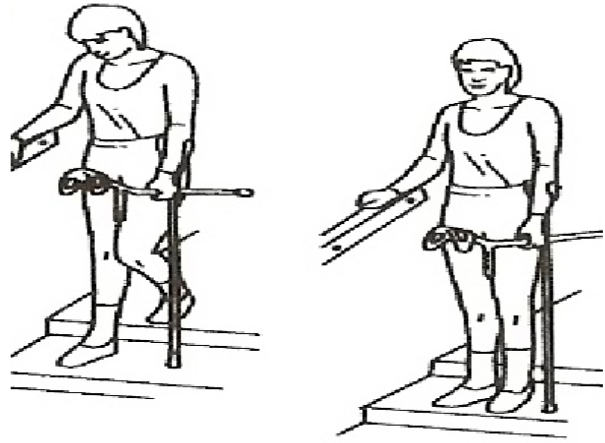
After the operation

At the end of your operation, you will be transferred to the recovery area where the nurses will monitor your observations. You will also be given a post-operative drink. This energy drink helps support your immunity and wound healing. It will also give you some energy and balanced nutrients which will help you get up and mobilising once your spinal anaesthetic has sufficiently worn off.

Mobilising after surgery

Once your spinal anaesthetic has sufficiently worn off, you will be assessed by the therapy team. Our nursing and therapy teams will help you get off the trolley / bed, stand and practice walking with suitable aids. The team will practice with you getting on and off the bed, chair, toilet and give advice on how to dress. If you require any equipment to assist you this will be provided prior to your discharge. You will be also taught how to safely get up and down stairs.

To Go Up a Step or Stairs	
<p>Step up with your 'good' leg.</p> <p>Then bring your operated leg up onto the same step.</p> <p>Lastly bring your crutches up onto the step.</p>	

To Go Down a Step or Stairs	
<p>Put your crutches onto the step below.</p> <p>Then put your operated leg down onto the step.</p> <p>Lastly, bring your 'good' leg down onto the same step.</p>	

Before you can be discharged home, the team needs to be happy that you will be able to manage these activities at home with walking aids. You will also be encouraged to get dressed in home “day clothes” with supportive footwear.

4. Going home after your surgery

Returning home

Everyone reaches their post-operative goals at different times. This determines whether it is safe for us to let you go home on the same day as your operation, or if you need to spend a little longer with us at the hospital.

Bring suitable clothing

- Clothes that are easy to put on and loose enough to allow any swelling in your leg.
- Your footwear should have a supportive back and no laces. No flip flops, sliders or mules please.
- Practising walking in normal day clothes will make this easier and more comfortable.

Arrange for someone to collect you

When you have been cleared for discharge, you can contact your family or friend to come and collect you from the hospital.

Arrange for support at home

If you are going home on the same day as your operation you will need an adult who can stay with you, or someone you can stay with for the next 24 hours. You may find it helpful to arrange for a friend or relative to stay with you for a few days after your return. You should arrange this before you come in to have your surgery.

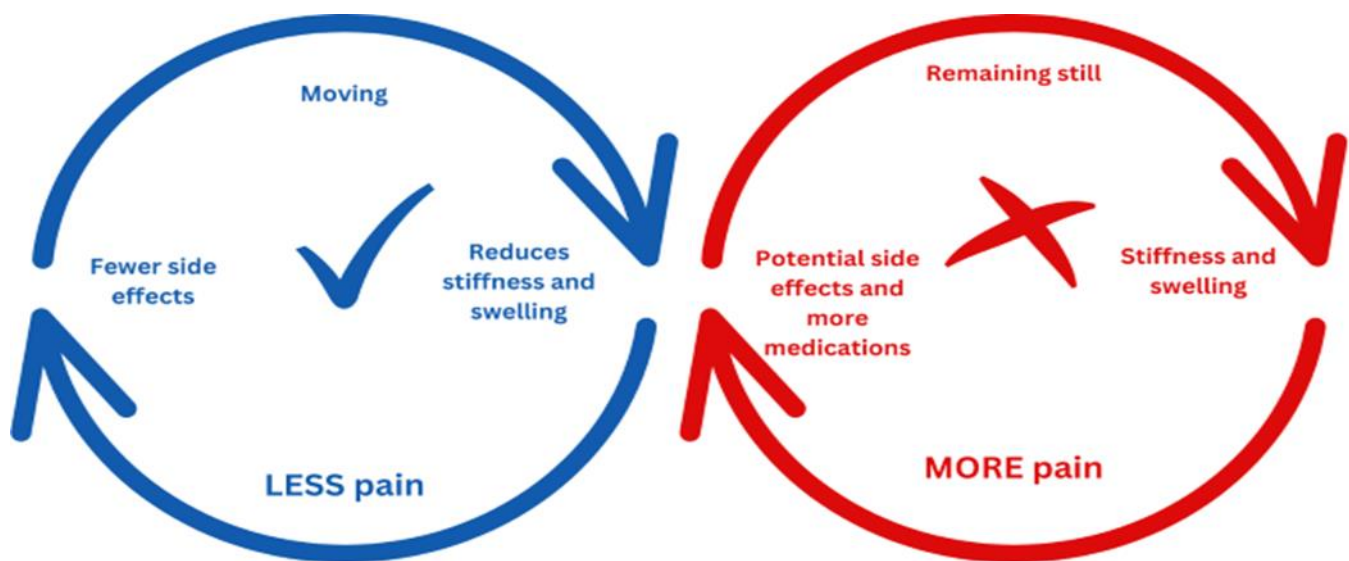
Keeping active after your operation

Getting up and walking about soon after the operation will speed up your recovery and reduce your risk of complications. Keeping still after your operation tends to result in stiffness and swelling of your leg, making it more painful to walk. This can cause more side effects, which requires more pain relief, resulting in a vicious circle.

Pain control

Joint replacement surgery is painful just like any other surgery. The first few weeks can be a difficult period. However, it is important to stay active and keep up with your movement exercises.

We will provide you with strong pain relief medication, but you should still expect there to be mild to moderate pain on movement. It is not going to be 100% pain free!



The pain relief package you receive has been specifically designed to try and control your pain as well as possible. It starts from the day of your surgery and continues after your discharge home. It requires you to take your medications at specific times.

We will give you the same pain relief tablets whether you stay in hospital overnight or return home on the same day as your operation.

Additional medications

We will ask you to take additional medications to help minimise side effects, such as nausea or constipation. Other medications will be given to reduce the chance of certain complications, such as blood clots after your operation. We will give you clear information about the medications you are sent home with and when to take the doses.

Digital support

Numerous recovery programmes after surgery are supported using digital technology. Many centres now have a web or app-based software resource that can provide you with important information and collect key data about how things are going for you, such as the amount of activity you are able to undertake, questions on pain medication usage, or side effects.

We encourage you to use one of these resources if you are requested to do so. This information enables the team to track whether you are making the progress we would expect, or whether we should contact you to provide additional support.

What to expect when you get home

Swelling

It is common to have some generalised swelling of the leg around the knee replacement. Swelling often gets worse if you sit for prolonged periods so we encourage you to remain gently active. Elevating your leg, ensuring you keep the leg straight will help reduce swelling but for no longer than 45 mins at a time. If you experience increased swelling and pain, please contact the ward on Tel: 01305 255561/255562.

Constipation

The additional pain relief medicines taken around the time of your operation can cause constipation. We will give you some laxative medication as part of the routine pain relief package. Please ensure you take this as prescribed, along with plenty of water to drink. Keeping mobile will also help reduce symptoms. If you struggle, then please discuss this with your GP.

Pain

Pain is the biggest issue. It is something you should expect after your operation, but it is key that you do not stop doing your exercises. Please make sure you follow the pain management programme that will be prescribed for you.

Sleepless nights

It is common for people to experience some disturbance in their normal sleep pattern in the first few weeks after an operation. Please do not worry; this usually improves with time. Do not sleep or rest with a pillow underneath your knee, as this may make it stiff.

What to look out for

Deep vein thrombosis (DVT)

Blood clots in the leg can occur after joint replacement surgery. If your leg becomes hard, swollen, hot and painful, especially in the calf area, then this could be a sign of a blood clot. Please seek medical advice if you get these symptoms.

Infection

This is rare. However, if your joint replacement scar becomes hot, red, increasingly swollen, starts to discharge fluid or you feel unwell, then please contact us as a priority on Ridgeway ward:

Tel: 01305 255561/255562

Support after discharge

Even after your discharge from hospital after your operation, you will not be alone. There is always someone available who you can contact for advice. You will be given information about whom to contact should you require any help. You will receive a routine follow-up telephone call to check on you the day after your discharge. If you would like more information before your operation or have any questions in the first seven days after you have been discharged home, please ring Ridgeway Ward and one of the nursing staff will be able to advise you directly or contact your surgical team.


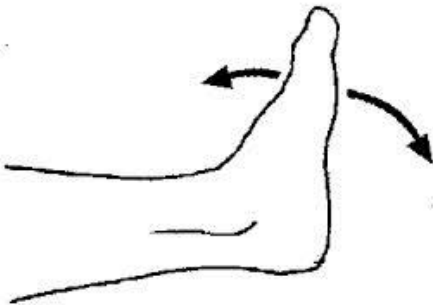
For therapy related queries please contact Ridgeway Ward – Tel: 01305 255561/255562

If you are unable to contact us on the above numbers, please contact your surgical consultant's secretary who will be able to assist you in contacting a member of the team via the switchboard: Tel: 01305 251150.

5. Exercise and physio advice for your knee replacement surgery

Completing the following exercises will benefit your recovery, improve movement in the knee joint and develop the strength of the muscles around it. These exercises should be completed on both legs **three to four times** a day, repeating each exercise up to **10** times.

Initially the exercises may feel difficult due to pain and weakness, so it is important that you take pain medication regularly. It is normal to feel a stretch around the operation site when exercising.

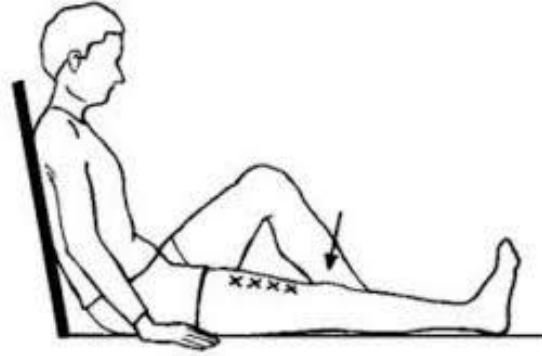
<p>1. Breathing Exercises</p> <p>Take 3 slow deep breaths every 30 minutes. Breathe in slowly, hold for a few seconds and gently breathe out.</p>	
<p>2. Foot Exercises</p> <p>In lying or sitting position, bend and straighten your ankles briskly.</p> <p>Repeat 10 times regularly. These exercises reduce swelling and the risk of blood clots.</p>	

3. Static Quadriceps

Lying on your back with legs straight and toes pointing to ceiling,

Bend your ankles and push your knees down firmly against the bed.

Hold for 5 seconds and relax.
Repeat 10 times 3-4 times a day.



4. Straight Leg Raise

Lying on your back with legs straight,

Lift your leg 15cm (6 inches) off the bed, keeping your knee straight. Hold for 3 seconds and slowly lower your leg. As you get stronger, hold for 10 seconds.

Repeat 10 times 3-4 times a day.

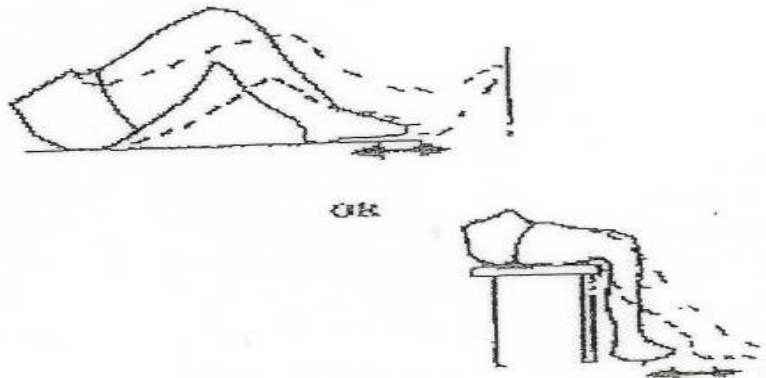


5. Knee Bends

Sit or lie with your legs straight.

Slide your heel up towards your bottom allowing your knee to bend.

Repeat 10 times 3-4 times a day.

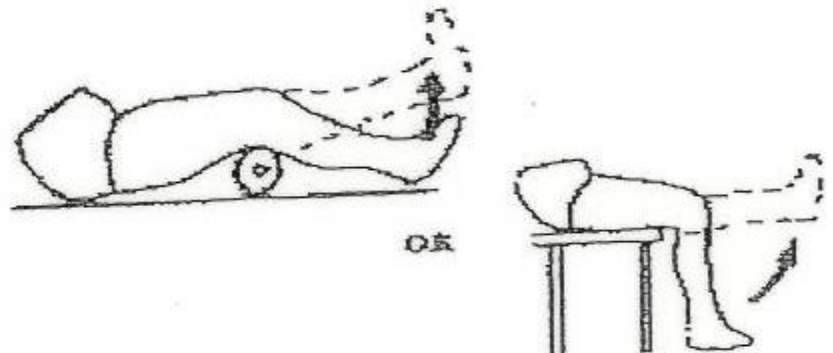


6. Leg Straightening

Lie on the bed with the knee resting on a rolled towel or sit in the chair.

Straighten the knee from the bent position.

Repeat 10 times 3-4 times a day.



It is advised that you continue these exercises daily for at least 3 months after your operation to build up muscle strength around the knee.

For more information, or other related strengthening programmes, please look at the link for **DCH Preparing for Surgery - Joint School** on our public website or download free apps such as **My Recovery** from the App store to your smart phone.

Rest

Rest is as important as your exercises in promoting healing and managing pain and swelling. Alongside your exercises, ensure you have a period of rest daily. This should be a period of approximately 30 minutes lying down, at least for the first 3-4 weeks post-operatively. Elevate your leg (ensure you keep the knee straight) to help reduce swelling. Do not sleep/rest with a pillow underneath your knee.

Ice packs

These can help reduce swelling and ease pain. Use a bag of frozen peas or rice, wrapped inside a damp cloth to allow cold through but protect your skin from ice burn. Place on the knee and leave for 20 mins. Allow 1-2 hours between ice applications to allow your skin to return to normal.

Walking

Following your operation, you will be encouraged to get up and walk. It is important to walk on a regular basis and to steadily increase the distance as you recover. It is normal to be allowed to put full weight through your operated leg.

As soon as possible try and walk placing one foot past the other in a normal walking pattern. You can progress to using one crutch or a stick held on the opposite side to your operated leg as soon as you feel safe and comfortable to do so. If you are uncomfortable, or if you limp when walking, continue to use your walking aids. You are likely to need to use elbow crutches outdoors for about 4 weeks.

Activity

Movement is good for your new knee but remember your knee is an artificial joint. Pace your activity, walk and exercise your knee regularly and often. It is safe to kneel on a knee replacement. Some people find initially the nerve endings around the scar maybe sensitive; this should improve.

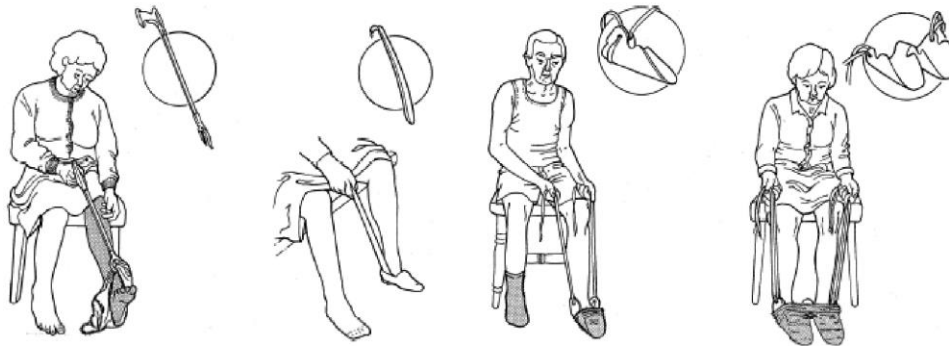
Kneeling on a cushion to start with may help.

Washing and dressing

The dressing over your wound will be showerproof, so you will be able to get it wet, but not completely submerged. If your knee feels comfortable, you can use an over-bath shower. Many people prefer to strip wash for the first few days. Consider putting a chair or stool in the bathroom so you have somewhere to rest.

You will be able to dress your upper half normally but may need small aids such as a “helping hand” to assist you with dressing your lower half, or you may need someone to help you. We strongly recommend you purchase a long-handled shoehorn to help you put on your pants and shoes. Below is some advice about how to dress the lower half of your body using those aids:

Sit on a chair or the edge of your bed with your clothes and small aids nearby. Dress your operated leg first. The long-handled shoehorn has a hook at the other end which can be used to “hook” your pants over your feet and up to your knees. Once you have them up to your knees, you can grab hold of them. These small aids are highly recommended to enable you to do things independently; however, they need to be purchased privately, as the hospital is unable to provide them.



The “sock and tight” aid shown here is not suitable for use with TED (compression) stockings. A second pair of hands may be required to take these on and off. If your consultant agrees these may be removed prior to discharge if you live alone.

If you have any questions or concerns once you have been discharged home, you can contact the Occupational Therapy department on 01305 255241.

Relationships

It is normal for your sex life to change initially following a joint replacement. Sexual intercourse may be resumed when you feel comfortable.

Driving

You can travel as a passenger in a car immediately following your operation. Ensure the front passenger seat is positioned as far back as possible, so you can get into the car bottom first, lifting one leg in at a time. Consider putting a plastic bag on the seat to help you move on the seat more easily. Please ensure that you remove the bag from underneath you before the car moves off. An extra cushion on the seat can help. You should be able to return to driving when you are able to walk a good distance and complete an emergency stop. This is usually within 2-3 weeks of the surgery. If you need to go on a long journey, plan regular stops to rest and stretch.

You will need to inform your insurance company of your planned surgery and they will need reassurance that you can carry out an effective emergency stop.

Returning to full activities

Most people are ready to return to work 6-8 weeks after their operation. Air travel should be avoided whenever possible for the first 6 weeks. Depending on the sensitivity of the security scanner, your knee joint may set off the alarm. This is not a problem and can easily be resolved by showing the security team your scar, if challenged.

You can resume most physical activities as soon as you feel comfortable and confident. You can swim once your wound has healed, starting with straight leg kicking and avoiding breaststroke initially. Exercise bikes and treadmills can be used once knee movement allows, returning to cycling outside once comfortable.

Equipment

Walking aids and any equipment prescribed to you after your surgery should be returned to the NRS you can do this by calling the Telephone number on the equipment.

6. Frequently asked questions

Should I shave?

Please do not shave your groin or upper leg for 48 hours prior to hospital admission.

What should I do if my health changes?

It is important that you notify the Pre-assessment unit of any changes to your health status in the time following your initial appointment. If you have an admission date for surgery, please also be aware that coughs, colds and chest infections may affect your fitness for surgery.

The direct telephone number for Ridgeway ward is 01305 255561 or 255562.

Our ward clerk and nurses are available to take calls but be aware only general enquires may be answered without breaching patient confidentiality.

What is a DVT? (Deep Vein Thrombosis)

DVT is a common medical condition that occurs when a thrombus (blood clot) forms in a deep vein, usually in the legs or pelvis, leading to a blocked circulation. In some cases, a DVT can cause a serious problem known as a Pulmonary Embolus (PE).

What is a PE? (Pulmonary Embolus)

If a clot (DVT) within the leg detaches and travels to the lungs, it may cause a Pulmonary Embolus (PE). PE may result in breathing difficulties and may be fatal. Signs of PE are:

- Shortness of breath
- Chest pain
- Coughing up blood-streaked mucus.

If you experience any of these symptoms, you should seek immediate medical help.

DVT and PE are known under the collective terms of venous thromboembolism (VTE).

Why can a blood clot form?

There are two factors that may trigger a clot to form:

- Changes or damage to the blood vessels – if there is pressure on a vein, a clot can form. This may be due to immobility, surgery or long-distance travel.
- Problems with the blood – this may be inherited (if you are born with the condition), caused by some drugs or conditions such as pregnancy. If you are dehydrated, the blood can become more 'sticky' which can increase the risk of the blood forming a clot.

Who is at risk of a blood clot (VTE)?

These are several factors that increase the chances of developing VTE. These include:

- Having had a previous DVT or PE.
- Undergoing major surgery, particularly orthopaedic operations such as joint replacements
- Aged over 60 years.
- Family history of DVT or PE.
- Advanced cancer and chemotherapy treatment for cancer
- Faulty blood clotting ie thrombophilia.
- Recent medical illness (such as heart attack, lung disease, kidney failure or disease or inflammatory conditions such as inflammatory bowel disease).
- Smoking.
- Being obese (very overweight).
- Pregnancy and recent delivery.
- Paralysis or immobility of the legs, including staying in bed for a long time.
- Some types of Hormone Replacement Therapy (HRT) or contraceptive pill.

Is travelling a risk?

Being immobile increases the risks of developing a blood clot. If you undertake any form of travel for more than 3 hours at one time in the month before or after your surgery, your risk of forming a blood clot will be higher.

If you have had major joint replacement surgery, the risk is present for up to 3 months, particularly if you have been on a long-haul flight for over 4 hours.

How is VTE prevented in hospital?

Not all VTEs can be prevented, but the risk of developing a clot can be significantly reduced. We will help you stay well-hydrated, and we routinely use 'calf pumps' to keep the blood in your legs flowing. In addition, your individual risk of VTE will be assessed by a doctor, either in the pre-assessment clinic or when you are admitted to hospital.

If you are at high risk of VTE, you will be prescribed a blood-thinning medicine, in accordance with national guidelines. If you are prescribed a medicine that needs to be injected, you or a relative will be taught by the nursing staff to inject the medicine before you go home.

What can I do to help myself?

Whilst we can do something to reduce your risk, there are some very important and simple things that you can do to help reduce your risk:

Make sure that you get up and about as soon as possible.

Exercise your legs whilst in bed.

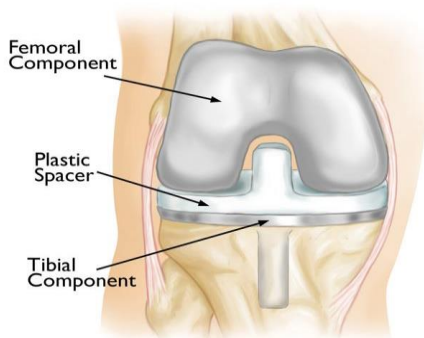
Make sure you drink plenty – water is particularly good for you.

Stop smoking, lose weight.

Consider stopping contraceptive or hormone replacement therapy; talk to your doctor.

What is a Total Knee Replacement (TKR)?

A TKR replaces the surfaces of the knee with plastic and metal. The femoral component is a smooth metal component, which fits snugly over the end of the bone. The tibial component is in two parts: a metal base sitting on the bone and a plastic insert which sits between the metal base on the tibial and femoral component. If necessary, the patellar surface (under the kneecap) is replaced with a plastic button, which glides over the metal surface of the femoral replacement, however, the patella is often satisfactory, and may not require surgery. In order to reach the joint, an incision is made down the front of the knee and the joint opened. The arthritic joint surfaces are removed, and the bone is shaped so that the joint replacement components sit firmly on the bone. The replacement parts are positioned and held in place with bone cement.



Usually, the operation lasts around one hour, then you will be taken to the recovery room, which is near to the operating theatre. You will have your own nurse during this time, and you will not be left alone.

What are pressure ulcers?

Pressure ulcers (bedsores) are areas of damage to skin and underlying tissue. They are usually caused by sitting or lying in one position, without moving for a period of time.

A pressure ulcer can develop within a few hours. It usually starts with the skin changing colour; it may appear slightly redder or darker than usual.

You can be at risk if:

- You are confined to bed or a chair and unable to move yourself independently or have limited movement.
- You have loss of sensation or poor circulation.
- You have skin that is frequently moist through perspiration or loss of bowel or bladder control.
- You have poor nutrition.
- You are unwell.

Pressure ulcers can occur over areas of the body which support our weight where the bone is near the surface, such as the spine, elbows, buttocks and heels.

How to help yourself

Cooperate with any moving, turning and positioning programmes planned by the health care staff. Look out and tell the health care staff if you notice the following:

- Your skin feels sore.
- Any swelling over bony parts, or shiny areas.
- Blisters, dry patches, or hard areas.

How do I walk with crutches?

Put your crutches forward first.

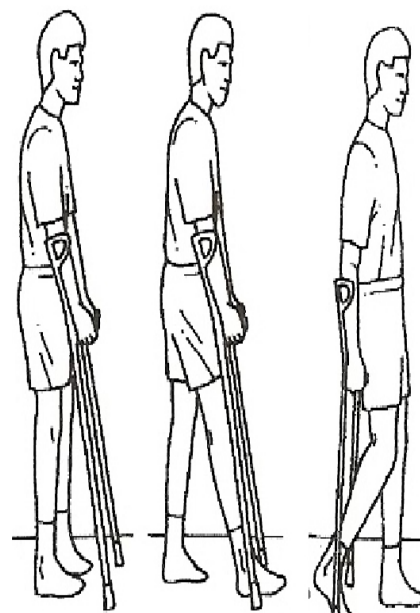
Next, step your operated leg forward.

Then step forward with your other leg, aiming to step past the operated leg.

Take small steps when turning around to avoid twisting. Never stand up or sit down with your arms in the crutches.

Once you are home and walking becomes easier, you can progress to using just one crutch. To do this, use the crutch/stick in the hand on the opposite side to your operated leg.

When you feel that you no longer need the crutch for support, you may stop using it. **Please return your crutches to us when you no longer require them.**



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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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