

ARTHRITIS CARE

Surgery and arthritis

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devised with and for people with arthritis



ARTHRITIS CARE

*Empowering
people with arthritis.*



This booklet aims to give an overview of what is involved in having surgery for your arthritis. It contains information on preparing for surgery and the different types of procedures, as well as what to expect from life after surgery.

Taking the decision to have any kind of surgery is no small matter. If you have arthritis, you may be considering surgery because the pain and mobility problems you experience are seriously affecting your independence and quality of life. There is a lot to weigh up and find out about before making the decision.

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Arthritis Care is now a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.

All people pictured on the cover and quoted in this booklet have arthritis.

SURGERY AND ARTHRITIS

Many people with arthritis find that having surgery brings about a dramatic reduction in their pain, and an improvement in their mobility and quality of life. A wide range of types of surgery can help people with arthritis, from small procedures (such as operations to remove cysts or nodules), to major surgery (which includes total joint replacement).

As drug treatments are continually improving, many people with arthritis will never need to have surgery. Some people can effectively manage their condition through their medication and lifestyle. Therefore the decision to have surgery is usually only made after other treatment options have been explored. You should find out as much as you can about the different procedures before weighing up the pros and cons with your doctor (see 'Weighing up the decision').

As with all operations, there can be risks and complications in having surgery for arthritis, such as infection or that the operation will not be successful.



■ Who has surgery?

Hip and knee replacements are very common procedures. Almost 65,000 hip replacements and 68,500 knee replacements were done in the UK during 2006-2007.

In the past, most operations were performed on people over 60, but as the quality of artificial hips and knees has improved, younger people are having these procedures, sometimes in their teens. Younger people who have joint replacements are likely to need revision surgery later in life, so the decision to have surgery needs to take this into account.

As a person with arthritis you may consider having surgery if:

- your pain is severely affecting your quality of life
- a joint is severely damaged
- you are struggling to carry out daily activities, such as dressing, shopping and working.

Joint replacements are usually very successful at relieving pain. The degree to which movement may improve will depend on how severe your arthritis is and how strong the muscles are surrounding your joints.

Some people need surgery to prevent their arthritis getting worse. A joint that is not operated on may become stiffer, deformed and the muscle around the joint may be weakened, which could make an operation in the future more difficult.

■ The alternatives to surgery

Not everyone with arthritis will need surgery. Surgery is usually only considered after other suitable treatment and management options have been explored.

Self-management means taking control of your condition so that you are able to do the things that are important to you. There are many ways of doing this, including:

“My hip replacements are wonderful – I have freedom and total mobility”



- taking the right medication to manage your pain
- eating a balanced diet to maintain a healthy weight
- exercising to improve flexibility and strengthen muscles
- looking after your joints.

The biggest benefit is the pain relief – I'm not 100 per cent mobile but the pain reduction is amazing

Controlling your weight is often the most effective thing you can do to reduce the symptoms of arthritis as this reduces the strain on your joints. You can find more information on healthy eating and exercise by reading Arthritis Care's booklets.

If you feel that your current medication is not working very well, talk to your doctor. You can learn more about pain management by attending one of Arthritis Care's self-management programmes on dealing with pain.

WEIGHING UP THE DECISION

The decision to have surgery will be made by you with advice from your consultant. Find out as much as you can so that you have all the information you need to make a decision.

You will need to assess the risks and complications involved in the surgery and weigh them up against the benefits of having the operation (see below).

Joint replacements are very successful operations and should last at least 10-15 years before revision surgery is needed. The success of surgery will depend in part on how well you look after your joint. Revision surgery may not be as successful as the original replacement. Bear in mind that you will have to exercise your new joint to keep the muscles around it strong, but be very careful to not overstrain your joint.

How long a new joint will last will depend on the type of procedure used, which joint is replaced and your age and lifestyle, so discuss this with your doctor.

■ The benefits of surgery

The benefits of surgery should be a decrease in pain and improved mobility. Surgery can also prevent joints deteriorating further and prevent disability.

There may be total pain relief in the area that has been operated on, once any discomfort from the operation itself has cleared. However, improvement to the movement of the joint after the operation can be difficult to predict and depends on many factors including the extent of the deterioration of the joint before surgery, the strength of muscles surrounding the joint and the success of the operation itself. Re-aligning joints can make them easier to use and can bring cosmetic benefits.

Many people find that, with less pain and improved movement, they are able to do more, giving a boost to their independence.

The benefits of the operation were immediate – if you disregard the pain of the surgery

Some people say they had to put their lives on hold until surgery allowed them to start living again.

Most people are able to go back to work once they have recovered from their operation. Daily activities, such as dressing or housework, are often easier to do after surgery. You may find it easier to use public transport or get back to driving a car once you have fully recovered from an operation.



Exercise and health – As a result of improved movement and reduced pain, you may find that you can take up exercise that you could not do before surgery. Exercise is an essential part of managing arthritis as it can help to build muscle to support joints, maintain a healthy weight and relax – all of which can have a positive effect on arthritis as well as your general health.

Lifestyle improvements and reduced pain can benefit your mental and emotional well-being, and offer a boost to your self-confidence, particularly if you were very protective of a sore joint.

Social life and relationships – People often find that they can lead a more active social life after having surgery. You may feel less dependent on your family, and less tense and irritable.

When you are in pain you may not want to be touched, which can create distance in relationships. Reduced pain can lead to great improvements in close personal relationships.

■ The risks of surgery

Like any operation, surgery for arthritis has risks. You should ask your surgeon about the risks of a particular procedure. They should give you enough information so you can make an informed choice about having surgery.

You also need to bear in mind that replacement joints may have limitations and do not last forever.

It is likely that there will be a waiting list for surgery for arthritis (see 'Waiting times' on page 10). Preparing yourself for time in hospital and time out of work and your life can be daunting. Recovery can be painful and require effort – it may be a while before you are happy with the outcome of surgery.

Surgery success – Ask your consultant what degree of movement and function they realistically expect you to have after your operation (See 'Making an informed decision' on page 8). But bear in mind there is still a risk that your operation may not be as successful as you had hoped. In very rare cases, operations may fail altogether.

Some people still have problems moving after a joint replacement or revision surgery. If you have a full knee replacement there may be some clicking or clunking in the replacement. The device can also loosen. The scar on the knee after a knee replacement may be uncomfortable to lean on or when stretched.

Hip replacements can become dislocated soon after surgery. This can be painful but is uncommon.

Before you leave hospital you should be given exercises by your team of health professionals and taught what kind of movements you should avoid to prevent dislocation. If it does dislocate, the hip may need to be put back into place under anaesthetic. More common is loosening of the artificial hip after 10-15 years, and revision surgery may be needed to correct this.

Infection – There is a small risk of infection during the operation. If this is a minor infection then it can usually be cleared up with antibiotics. If the infection is deep, you may require revision surgery, or your replacement may have to be taken out. It is estimated that a deep infection will occur in less than one per cent of people who have a knee or hip joint replacement.

You will probably be given antibiotics along with your anaesthetic to prevent infection. Some hospitals also use dedicated 'clean air'

operating theatres and antibiotics in the ‘cement’ used in joint replacements. If you are concerned, ask your surgeon what measures will be taken during your surgery.

Other complications during the procedure – Risks come with most major operations. Talk to your doctor to get a balanced picture of the risks – most occur quite rarely.

Having surgery to your lower limbs can bring with it the risk of a blood clot in the leg (venous thrombosis), causing pain and swelling in the leg. This condition is usually temporary, but can be more serious if a bit of the clot breaks off and travels to the lungs, causing pain and difficulty breathing (pulmonary embolism). This is rare and can usually be treated with drugs.

In a very small number of cases the clot can become stuck in a blood vessel in the lungs and can cause sudden breathlessness, collapse and very rarely death.

Precautions will be taken to avoid you getting a blood clot. These include you wearing elastic stockings or plastic shoes, which inflate with air to compress your leg muscles and improve the flow of blood in the leg after the operation; drugs to help thin the blood (heparin); and exercises to increase blood flow to the muscles.

Another relatively uncommon risk is damage to the ligaments, arteries or nerves around a joint. This may settle spontaneously or can be addressed during the surgery or in further surgery.

■ **Reasons why you may not be able to have surgery**

Having a joint replacement is major surgery so if you have any other medical conditions, such as heart disease, lung problems, infection or very active arthritis, surgery may put too much strain on your body. You should discuss this with your doctor.

Any infections, such as an ulcer or foot infection, must have

Being told about the risks was scary but not having the operation would have been a far greater risk to my quality of life

cleared up before surgery as these can spread to the site of the operation and cause complications.

If you are overweight, surgery may not be recommended because the extra weight puts more pressure on the body and can make recovery slower. This also means more strain on your heart, lungs and kidneys, which will be under pressure during an operation. It may also not be advisable to have a general anaesthetic if you are overweight. Talk to your doctor if you are considering trying to lose weight.

■ Making an informed decision

You need to get a clear picture from your consultant about how much they expect you will be able to do once you have recovered from surgery. For example, you could get them to demonstrate how much you will be able to bend your knee, what activities you should be able to do free from pain, and what pain levels you might experience.

You may want to ask your surgeon about their levels of experience and success rates for the operation. If you are having a more specific procedure, like an operation on your hand or ankle, make sure it is performed by a surgeon who specialises in that area.

You will also need to think about how you will manage after the operation. It is likely that you will need some support from family, friends or a carer, which you should organise beforehand.



■ Questions to ask your surgeon

1. How often do you do this operation?
2. What are your results?
3. What is the infection rate? (This should be around one per cent or less)
4. How long will my new joint last? (You should not need a revision in the first 10-15 years)
5. What is the risk of dislocation? (For a hip joint this should be less than two per cent)
6. What can I expect after the operation?
7. How will I know if it has been a success?
8. What should I do if it isn't?
9. What can I do to help my recovery?
10. How soon before I can drive/go back to work?
11. What follow-up treatment will I receive?
12. What will happen if I don't have surgery?
13. What is the long-term outcome of this operation/type of implant?
14. Will you deal with complications or will I get referred to someone else?
15. Will I need any physiotherapy or occupational therapy after surgery?
16. Do you have any written information about the operation that I could have?

HOW THE SYSTEM WORKS

■ Referral

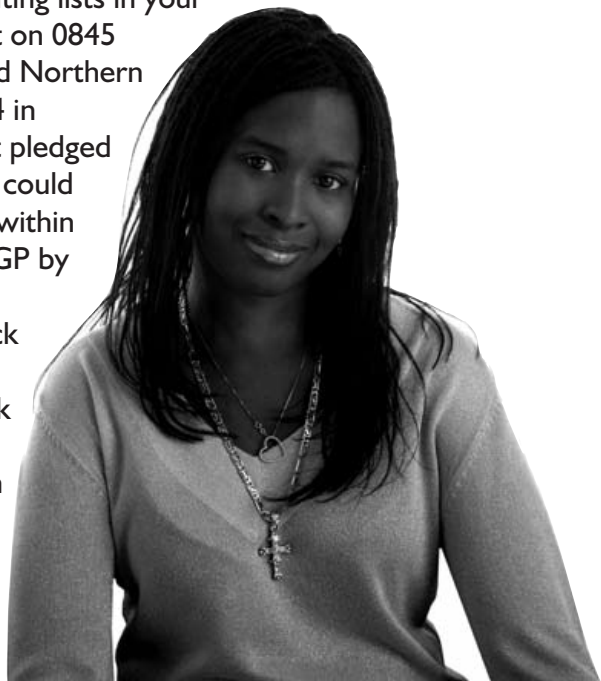
If your GP or specialist thinks you might need surgery they will refer you to an orthopaedic specialist – this could be a nurse, registrar or a consultant in the first instance. They will look at your records, assess your pain levels, talk about the kind of surgery you might need and assess whether you are suitable. You may need to have X-rays taken.

This consultation is an opportunity for you to discuss the problems that your arthritis is causing you, explore alternative treatments to surgery and ask questions you may have about the operation so you can reach a decision. Sometimes combined clinics are held, involving both rheumatologists and orthopaedic surgeons.

■ Waiting times

Once your doctor has referred you for surgery, there may be a long wait before you have your operation. This will depend on how urgent your case is, and the demand and resources within your area. You can find out about waiting lists in your area by calling NHS Direct on 0845 4647 in England, Wales and Northern Ireland, and 08454 242424 in Scotland. The government pledged that all patients in England could expect to start treatment within 18 weeks of referral by a GP by December 2008.

In Scotland you can check the waiting times database at www.waiting.scot.nhs.uk For more information about services in Northern Ireland visit the NHS Northern Ireland website: www.hscni.net. And for



Wales, visit the NHS Wales site: www.wales.nhs.uk

In England you can find out the expected waiting times for more common procedures at your local hospitals by searching the NHS Choices website (www.nhs.uk). Put in your postcode and select a type of surgery and a particular hospital to find out the average wait to first see a hospital doctor and for the surgery. You can also find out how long you might need to spend in hospital, the surgical department's experience of the operation and the risk of wound infection and the MRSA superbug. If you live in England you can also choose the hospital at which you would like to have your surgery and book an appointment online at www.chooseandbook.nhs.uk

If it becomes more urgent for you to have an operation while you are waiting for surgery – if your mobility dramatically decreases, for example – ask your GP to write to your consultant to advise them of your changed circumstances.

■ **NHS or private care?**

Some people face such long waiting times for surgery on the NHS that they decide to pay for their operation themselves in a private hospital. Having an operation privately is expensive, and is beyond the means of a lot of people. For example, a hip replacement costs



between about £7,000 and £10,000. However, some people decide that the more immediate improvement to the quality of their life is worth the money.

There are other pros and cons of having your operation privately. In a private hospital, you may have a private room, often with your own ensuite bathroom, which will offer more privacy than a ward. On the other hand, some people enjoy the atmosphere of a ward and find it helpful to have other people around who are going through the same experience. As a paying guest in a private hospital you may find there is more choice about when you have your meals and when you take your medicine.

On the flip side, some people are nervous about the quality of care and the resources available in private hospitals. Most private hospitals do not have intensive care wards if something does go wrong during the operation.

Check exactly what is included in the cost of your operation as it may not include things like painkillers or injections, and these costs can mount up. However, some hospitals do have fixed price packages which include cover if there are complications with your operation. Occupational therapy is not always included in costs although it may be needed.

Private health insurance – You may have private health insurance but be aware that some policies do not cover pre-existing conditions like arthritis if you had the condition before starting the policy. You may be covered if you develop a condition after starting the policy.

THE TYPES OF SURGERY

Surgery to improve arthritis can involve operations outside the joint, which includes operations on ligaments, tendons or nodules, or it can involve operating on the joint itself.

The most common types of surgery are detailed here – surgery to the hips, knees and shoulders. Very few people need back surgery. For more information on back surgery contact BackCare on 0845 130 2704 or visit www.backpain.org.uk

■ Joint replacements

Joint replacements are commonly performed and are often very successful. You can have a total or partial replacement depending on the extent of damage to your joint. While hips and knees, followed by shoulders, remain the most common types of joint replacement, you can also have replacements of the small joints in the hand, elbow and ankle.

A joint replacement usually lasts at least 10–15 years. You can have revision replacements, but each revision may be slightly less successful. As a result, initial replacements are performed less often on younger people if it is possible for them to wait until they are older.

The procedure – The operation involves removing the joint and replacing it with an artificial joint (prosthesis), which may be plastic, ceramic or metal. There are different models of prosthesis available – the type used will depend on the age of the person having the replacement and the surgeon's preference. You may want to discuss which type of prosthesis is going to be used and why, and find out the track record for that type of prosthesis.

The artificial joint may be cemented (with acrylic) into place, or uncemented and the surface of it roughened to encourage the bone to grow onto it.

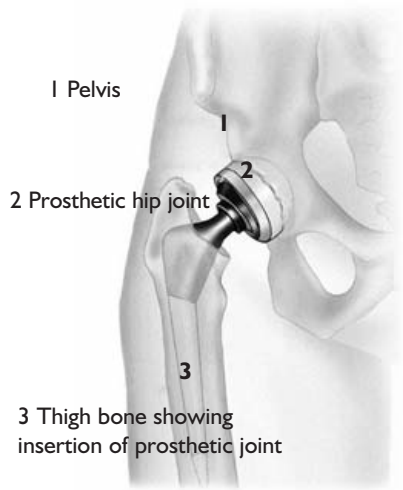
Total hip replacement – The hip is a ball and socket joint – the ball is the top of the thigh bone, which fits into the hip socket. During a total hip replacement, part of the thigh bone and the ball is removed, and a new artificial ball is inserted. The hip socket is shaped to accept a new artificial socket, which will join up with the ball component. One or both parts may be fixed with cement. Cemented hip replacements tend to be used in older, or less active people whereas uncemented ones tend to be used in younger more active people. Both are equally successful.

Another factor is the choice of material for the ball. A metal ball in a plastic socket is the most common choice and has good results in older and less active people. A ceramic ball with a plastic socket is a choice for younger and more active people. Other combinations are: a metal ball with a metal socket or a ceramic ball and socket. There is less data on the effectiveness of these types of replacements in the long-term.

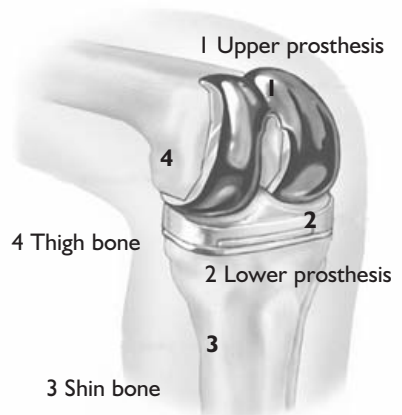
Total and partial knee replacement –

There are many different types of knee replacements. A total knee replacement (total knee arthroplasty) is when the outside and inside of the joint is replaced – the end of the thigh bone and the end of the shin bone. This is the most common procedure.

A half knee replacement (unicompartmental replacement or hemiarthroplasty) is done when



Total hip replacement



Total knee replacement

arthritis affects only one side of the knee (usually the inner side). You are likely to have better mobility than with a total knee replacement.

If only your knee cap is affected by arthritis you can have a knee cap replacement (patellofemoral replacement or patellofemoral joint arthroplasty). This is only suitable for a few people and the long-term results are unclear.

Before my knee replacement I couldn't bend my leg and use stairs – now I can

Other joint replacements – Another type of joint replacement is a shoulder replacement. In this procedure, the upper arm side of the joint is sometimes the only side of the joint that is replaced (hemiarthroplasty). In an elbow replacement both sides are replaced (total arthroplasty).

■ Other types of surgery

Hip resurfacing – Hip resurfacing (commonly known as Birmingham hip resurfacing) has been developed as an alternative to total hip replacement. This procedure may be a better option for younger people as more of the hip ball is left intact, making a hip replacement easier if needed later in life.

The surface of the hip joint is replaced by half a metal ball and the hip socket is lined with a metal shell, keeping as much of the original underlying bone as possible.

The effectiveness of hip resurfacing, in particular over the long-term, is not yet known. More research is also needed on the safety of this treatment.

Synovectomy – Sometimes the lining of the joint (synovium) can become very inflamed, making the joint painful and difficult to use, and possibly speeding up the destruction of the bone. A synovectomy involves removing this inflamed lining through an arthroscope (see page 16) or, more rarely, open surgery.

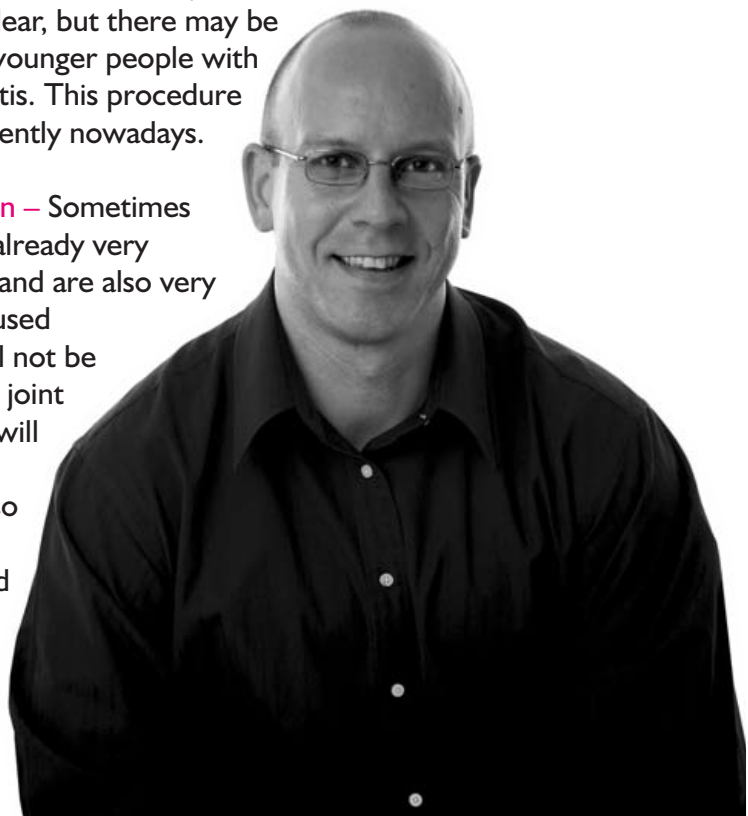
The synovium can grow back and become inflamed again, meaning

that the operation may have to be repeated. If it recurs and the joint is damaged, it may eventually have to be replaced. However, as drug treatment to prevent inflammation has improved, synovectomies have become less common.

Arthroscopy – Arthroscopic (keyhole) surgery involves the insertion of a very thin tube with a camera at the end into the joint through a small hole in the skin. The arthroscope is connected to a closed circuit television enabling the surgeon to assess the damage to the joint. The surgeon can insert surgical tools through other small incisions in the area and can perform an operation without having to do open surgery.

Arthroscopy is usually used on knees and shoulders; most commonly in knees to remove torn cartilage or loose bodies (arthroscopic washout or debridement). The evidence is not clear, but there may be better results in younger people with less severe arthritis. This procedure is used less frequently nowadays.

Arthrodesis/fusion – Sometimes joints which are already very difficult to move and are also very painful, may be fused together. You will not be able to move the joint any more, but it will no longer be painful. It may also be able to bear weight better and be more stable. Fusion is now rarely done.



Osteotomy – An osteotomy involves cutting and re-fixing the bone near a joint to straighten a limb or re-align joints. It is usually done around the knee joints as a preventive measure. It corrects the way weight is spread over a joint and can avoid the joint becoming more deformed or painful. This procedure is now rarely done.

Carpal tunnel decompression –

Carpal tunnel syndrome occurs when tissue in the wrist swells and irritates the nerve which runs up through the wrist and hand. It can

cause pain and numbness in the fingers and hand. Severe cases can cause wasting of the fingers and hand. Carpal tunnel decompression is a commonly performed and successful procedure. It involves cutting the band of tissue around the wrist to reduce pressure on the median nerve. It can be performed by open surgery or arthroscopy.

My wrist moves much better after surgery

Minor surgery for arthritis – Other types of surgery are useful for people with arthritis. These include repairing tendons in the hands, removing cysts or nodules in the wrist or hands, and removing painful bunions or damaged joints at the base of the toe to allow people to walk more comfortably.

Some of these operations involve a stay in hospital and lengthy recovery, whereas you can have others done as a day patient.

PREPARING FOR SURGERY AND WHAT TO EXPECT ON THE DAY

There is a certain amount of preparation you will need to do before the big day. As well as preparing yourself mentally by finding out as much as you can beforehand, some practical preparation will also be necessary. For example, you may have to think about rearranging your home to make daily tasks more manageable during your recovery period.

■ With your doctor

Sometime before your operation (usually two weeks before) you will have to visit a pre-admission clinic. You will be checked, usually by a nurse, to make sure that you are well enough to go ahead with the operation. Your admission to hospital and the operation will be discussed during this clinic, as should arrangements for when you are discharged from hospital.

During the assessment you will be asked about your medical history and you may have some blood tests and X-rays to make sure you are healthy enough for an anaesthetic and surgery.

This clinic is your opportunity to ask any more questions you may have about your operation. It is a good idea to have a think about worries or queries you have, and take a list of questions along with you. You should leave the



pre-admission clinic feeling more confident and informed about going into hospital, the operation itself and that measures are in place for when you leave hospital.

If you are overweight you should try to reach a healthy weight before your operation. Smoking can make your lungs sensitive to anaesthetic, and can increase the risk of getting an infection. It is advisable to cut down or give up smoking as soon as possible before surgery. You need to wait for infections to clear up before your operation as they can spread and infect your joint.

In some clinics you will meet an occupational therapist (OT) to talk about how you will manage at home after the surgery. It is a good idea to think about this well before your operation rather than after as it gives you time to prepare and make any necessary arrangements (see 'Preparing for being immobile' for more detail).

Your medication – Your surgeon may want to alter your medication for a short time before your operation. This decision depends on the surgeon, the type of medication, and the procedure you are having. You may have to stop taking certain medication – for example, anti-TNF drugs – for a while before and after the operation though you can continue taking methotrexate.

Discuss any medication or supplements you are taking with your doctor. You should stop taking the contraceptive pill before having lower limb surgery as there is some evidence that it increases the chance of getting a blood clot.

■ At home

When you return home from hospital you are going to be recovering from your operation so you will need to have set up your home to make this easy for you.

If necessary, you should see an OT before you go into hospital to make sure that you have the equipment you will need, like chair raisers or a raised toilet seat. You may also want a stable chair and may want to put handrails in the shower/bath.

Your GP or specialist will be able to refer you to an OT. You will

usually have an appointment with them at your local hospital or they may visit you at home.

You can also refer yourself to an OT for an assessment of your needs. Contact your local social services department (social work department in Scotland or health trust social work team in Northern Ireland). There may be long waiting lists for an appointment with an OT and it may take a while to get equipment, so allow plenty of time.

I had the pre-operation assessment with an occupational therapist who checked the house and height of toilet

Preparing for being immobile after the operation – You may need someone to help you do jobs around the house for a few weeks after your operation, and to do things like shopping and collecting prescriptions for you. This may be a family member or a friend, or you may want to hire someone to assist you at home. You may be eligible for care at home through your local social services department (social work department in Scotland or health trust social work team in Northern Ireland). Some people decide to stay with relatives or in a residential home while they recover from their operation.

It is useful to stock up kitchen essentials and other basic items to save yourself running out of things while you are recovering. It also helps to cook and freeze meals before going into hospital, which you can later heat up easily.

You may not be allowed to bend more than a certain angle for a few weeks, so think about how you will manage. Some of the ways you can prepare are to:

- rearrange things you use regularly so they are easy to reach
- remove loose rugs from the floor to help prevent falls
- set up a recovery area at home – with the TV remote control, radio, telephone, medication and drinks in easy reach.

For more information on organising your home so that you are able to carry out daily activities, read Arthritis Care's booklet on independent living.



Exercise – Before your operation you need to make sure that you are as fit as possible. For the first few weeks after the operation you may be weak and may find it very difficult to do things for yourself. Therefore, it is sensible to prepare yourself so that things go as smoothly as possible while you are recovering.

Strengthening the muscles around the joint will aid your recovery, so you should try to stay as active as possible before the operation. If you want advice about specific exercises, ask to be referred to a physiotherapist for a one-off session. If you are able to, you should keep up gentle exercise, like walking and swimming, before your operation.

I used to go swimming before the operation to keep fit and healthy

■ **Work and financial issues**

If you work, you will need to give your employers plenty of notice of the time you will need off work. If you are having a joint replacement, you will probably need around six to eight weeks off from office work. If your job requires a lot of standing up you may need around three months before you can return to work.

However, the amount of time you will need to recover will depend on factors, including your age and what kind of surgery you have had. The terms of your long-term sickness pay will depend on your employer and how long you have been working there.

If you receive any benefits, you must notify the benefits office as soon as you go into hospital. Disability Living Allowance (DLA) is payable for the first four weeks (12 weeks if you are under 16) you spend in hospital, so it is unlikely your DLA will be affected. Your DLA will be stopped if you are in hospital for longer than four weeks, but can be reactivated by phoning up the benefits agency when you come out of hospital. You do not need to make a new claim. You must tell the Disability and Carers Service (by phoning the Benefit Enquiry Line for disabled people), your Jobcentre Plus office or pension centre as soon as you go into or come out of hospital.



Planning your return to work – As well as talking to your employers well in advance about the time you will need off, it is also worth discussing the possibility of flexible working arrangements to ease you back into work. This could include rearranging your work hours to avoid the rush hour or being able to work from home for a while.

If you are covered by the Disability Discrimination Act (DDA) employers must make reasonable adjustments to enable you to work. This can mean flexibility in how you work or the provision of special equipment, such as a more comfortable chair, to enable you to work.

You may also be eligible for help from the Access to Work scheme. This scheme identifies what a disabled person needs to enable them to do their job effectively and provides support to the individual and their employer in the form of practical advice and grants towards

special equipment, and help with travel to work if you are unable to use public transport. Contact your local Jobcentre for information.

■ Checklist for before you are admitted to hospital

- Is there someone who can take you to hospital and bring you home?
- Can someone stay with you at home for the first few weeks after the operation?
- Are the things you will need everyday at home within reach?
- Do you have any special equipment you might need after the operation?
- Are you stocked up with essential items, such as groceries and toiletries?

■ What to take with you to hospital

If you are having a joint replacement, you will probably remain in hospital for around a week after your operation. To make sure you feel as comfortable as possible during your stay consider packing:

- easy to wear clothes
- toiletries, make-up and a razor
- your medication
- mobile phone and charger
- a book, personal music player etc.

If you do bring in your own medication, you must tell your doctor and the nurses what you are taking. You should also tell them about any supplements you are taking as these can interact with medication. You will be allowed visitors, but may find them tiring at first.

■ On the day

You will probably be admitted to hospital the day before the operation or, in some cases, on the day of the operation itself. You will usually be asked not to eat or drink anything on the day of the operation.

Before the operation, you will be dressed in a clean hospital gown and paper underpants. If you are having a hip replacement

you may have to wear surgical stockings. You will then be wheeled to the operating theatre on a trolley.

The anaesthetic – There are three types of anaesthetic – general, local or epidural – the anaesthetist will discuss the options with you, though you may not always be able to choose for yourself.

Under a general anaesthetic you will be asleep throughout the operation, which some people prefer, but it could take you longer to recover from the operation as you may feel drowsy or sick.

A general anaesthetic may be given through a small tube inserted into a vein, usually on your hand (or through a mask over your nose and mouth). You will probably also be given drugs to ease the pain and antibiotics to prevent infection.

A local anaesthetic will numb the area where you are going to be operated on and you will stay awake throughout the procedure, but may be given sedatives or other drugs to make you drowsy. Some people may prefer being awake during surgery because they want to see or get a sense of what is happening.

You may decide to have a local anaesthetic if health reasons prevent you from having a general anaesthetic. These include allergies to the anaesthetic, chest, heart or neck problems. Discuss any concerns about having a general anaesthetic with your doctor.

An epidural is an anaesthetic, which blocks the nerve roots leading to the lower body. It is given through a small needle inserted in the spine. It may be given instead of or as part of a general anaesthetic.

You can choose to have medication to relax you and make you drowsy (called a pre-med) before being taken to the operating theatre. However, these sedatives may make you sleep longer after the operation.

Sometimes people are also given a nerve block, which usually blocks pain for 12–24 hours after surgery.

LIFE AFTER SURGERY

Surgery does put major strain on the body so it is normal to feel exhausted afterwards. Some people may also feel depressed because of the initial pain and discomfort that can follow surgery. The effects of the anaesthetic can also take a while to wear off.

■ After the operation

You may find that you are sore and uncomfortable at the site of the operation, have bruising, and stiff and sore muscles. You will be given painkillers to help with this. Initially, you will probably not feel like eating much, but try to make sure that you drink plenty as you may become constipated.

If you have had a general anaesthetic, you will come round in the recovery room with the nurse or other people involved in your operation, where you will be monitored carefully. You will usually feel drowsy. Some people do not wake up properly until they are back in the ward, and you may not remember your time in the recovery room.

People who have had an epidural anaesthetic or nerve block may not have much feeling in their legs for 12–24 hours.

You might have to wear a brace temporarily if extra support is needed in case of weak ligaments or poor wound healing.

You will probably have painkilling drugs and fluids going through a tube into your arm for a day or so. If you have had a major operation, like a replacement, you will also have drains on your wounds to remove blood that could cause excess bruising. Some people have a catheter, which is a small tube inserted into the bladder to empty urine directly into a plastic bag.

Depending on your operation, your arms or feet may be elevated. If you have had a replacement there may be a foam wedge or pillows between your legs to keep your new joint in place.

I had physiotherapy, which was essential. A friend of mine did not and his level of walking is not as good

When you can start walking will depend on the type of operation you have had and the views of the surgeon and physiotherapist. If you have had minimally invasive surgery you might be able to walk on the same day.

If you have had a knee replacement you may need to use crutches or a walking frame initially. If your knee replacement is due to rheumatoid arthritis you may have to have rest for longer.

■ Physiotherapy in hospital

The time you spend in hospital after surgery will not all be about relaxing and recuperating. As part of your rehabilitation, your health professionals will want you to use your joint and have physiotherapy as soon as possible – usually the day after surgery. You may find your first physiotherapy session uncomfortable, or even painful, and your legs and feet may be swollen. But it is important to follow the advice of the physiotherapist to avoid complications or dislocation of your new joint.

You will probably be started off with gentle exercises in bed to regain your range of movement in the joint and muscle strength. If you have had surgery on your knee you may be put onto a continuous passive motion (CPM) machine, which gently bends and straightens the knee, increasing the movement day by day. You will be moved onto weight-bearing exercises as soon as possible, but this will depend on the kind of surgery you have had and your general health.

Your physiotherapist will teach you ways of carrying out day to day movements, like sitting and bending, that will prevent damage to the joint you have had surgery on. You should have physiotherapy each day while in hospital.



You may not feel like exercising, but many people are surprised by how quickly they get going. You must be willing to put the effort in to get the most out of the procedure you have had. Your physiotherapist will liaise with your doctor and nurses to make sure that you get the pain relief medication you need to be able to do physiotherapy.

It took a few months to get the benefits of the surgery

If the hospital has a hydrotherapy pool you may get the opportunity to use it once your scar has healed. The warm water will relax your muscles and enable you to exercise without putting pressure on the joint.

Before you leave hospital, make sure you speak to a physiotherapist or occupational therapist to get tips on the best way of carrying out daily activities, such as washing and dressing. You should also find out what follow-up you can expect once you return home.

■ Stitches and healing

If you have had stitches or staples these will be taken out around 10 days after the operation. You may be able to have dissolving stitches, which do not need to be removed. Discuss with your doctor what kind of stitches you will be having – it may help to know what to expect when you see the wound from your operation.

You should be allowed to go home once your wound is healing properly, with no infection, and once you are able to manage stairs on your own.

The scar – You may be left with a significant scar from your surgery. Scars can sometimes be sore and painful, and some people may find it takes time to get used to the appearance. Creams or supplements containing vitamin E may be helpful in speeding up the healing process and to leave less visible scars. Eggs and leafy green vegetables are both rich in vitamin E. Some people also use silicone gel sheets, which can be bought in pharmacies, to reduce the visibility of scars.

■ Follow-up after surgery

You may need to return to hospital to have your stitches removed, although sometimes this can be done at your GP surgery. You may also be asked to return to hospital for a follow-up appointment in 6-12 weeks.

In time, you may need to have a new replacement (revision replacement) if the artificial joint is causing pain and disability, which is not relieved by other treatments, or if there has been damage to the replacement.



■ Complications

Very few people get deep infections after their operation. An infection will be painful and you will need antibiotics. In extreme cases the replacement will need to be removed. Infections are very rare, but you should keep your eyes open for unusual pain in the joint or other symptoms like a raised temperature or headache. It is sensible to keep a careful watch, but this shouldn't prevent you carrying on an active life after your operation.

You should try to prevent infection getting into your new joint. Infection can start in another part of the body and spread. For example, if you have a knee joint replacement, make sure you look after your feet and toes, and consult your GP if you see ingrown toenails or any sores or ulceration.

Remember to tell other health professionals, including your dentist, that you have had surgery as some procedures can cause bacteria to enter the bloodstream, and your replacement will be vulnerable to infection. You should be given the option of being given antibiotics before invasive procedures.

In case of symptoms such as pain in your chest or breathlessness, you should visit your local hospital or GP immediately. Symptoms such as swelling, redness and painful areas could be just bruising from the operation, but it is worth making sure with your doctor as these could be the signs of a blood clot.

■ Recovery time

How quickly you will be able to return home will depend on the type of surgery you have – for a minor procedure you may be home the next day, but most people will probably be in hospital for about a week.

It is normal to experience some stiffness after surgery, but talk to your GP or physiotherapist if there is no improvement after six weeks as you may have to undergo further surgery.

The pain that you feel from the actual procedure should be much less after a month although you could have some level of discomfort for up to six months, for which you may need to take painkillers.

■ Returning home

When you leave hospital you may have to use sticks or crutches to help you walk for a while. These mobility aids are usually provided by the hospital and should be returned when you do not need them any more. It is important to use them properly; you should be shown how to do this by a health professional before you leave hospital.

You will need to take more care of your joints in the first few weeks after surgery. You may not be allowed to move in a certain way for a while. This can be frustrating, but it is important to have realistic expectations about what you will and will not be able to do on your return home. Be prepared to ask family and friends for help and to share how you feel with them.

At first I had to be very careful, but it wasn't long before I started gardening again

Try to be patient and remember that, in time, you should have a better range of movement than you did before. Bear in mind that it can take as long as a year for your muscles to rebuild and for scars to heal fully.

Avoiding injury – Try to accept your limitations. If you attempt too much too soon you could slow down your recovery or even injure

yourself – be patient.

There will be certain movements you should avoid for some weeks after the operation – your doctor or physiotherapist should advise you of these. Some of these are outlined below.

After hip surgery you should try to:

- not bend your hip more than 90° or twist it (this could dislocate it)
- not swivel on the ball of your foot
- not cross your legs over each other.

Likewise, after knee surgery you should try to:

- not twist at your knee
- not swivel on the ball of your foot
- not cross your legs for six weeks after the operation
- not sleep with a pillow under your knee as this could result in a permanently bent knee.

It is best to avoid putting on your own socks and shoes for a while after the operation. A raised toilet seat and higher chair will mean you do not have to bend so much when sitting and standing. Using a long handled reacher to grab things will prevent you over bending your replacement. Some other equipment that may help includes:

- a sock aid to help put socks on
- a dressing aid
- a sponge on a stick to wash your legs
- a long handled hair washer (particularly if you have had upper body surgery).

If you are unable to use the shower/bath for a while you could use baby wipes to clean yourself and a dry shampoo.

You will probably be able to return to work around six to 12 weeks after surgery depending on your job. Your surgeon should be able to tell you when you can start driving again, but it is likely to be around six to eight weeks after surgery. Check your car insurance to make sure it doesn't have restrictions on driving after surgery.

If you have had lower limb surgery you will probably be able to have sex around six to eight weeks after your operation.

Exercise – You may still receive physiotherapy as an outpatient –

check what the arrangements are before you leave hospital.

It is very beneficial to keep exercising gently and to gradually build up the exercise you do, as you get stronger. You may be worried that you will damage the operated joint but remember that sensible exercise will help strengthen the muscles around the joint.

As you build strength you can start taking part in a range of low impact activities, like walking, cycling or swimming. If you swim, avoid breast stroke as this puts strain on the knee and hip joints.

There are, however, certain things you should not do following a hip or knee replacement. High impact exercise, like running or tennis, is not advised after knee or hip replacements. Speak to your healthcare professional if there are activities you are unsure about. If you have had a hip replacement, the most common time to dislocate your hip is between six to eight weeks after your operation, so take great care during this time.

Surgery's been a tremendous benefit – a whole new world



■ What happens if I am unhappy with my surgery?

Although most people experience an improvement in function and a reduction in pain, not everyone will be happy after their surgery. If you are worried, you should consult the surgeon who carried out your operation, either at follow-up appointments, or by contacting the surgeon directly or through your GP. Don't be afraid to speak up. Signs of potential problems include:

- a new or different kind of pain
- feeling unsteady in the joint
- noises from the joint
- limping
- heat or swelling around the joint
- having a temperature

- pus being discharged through the skin
- a lack of gradual improvement after surgery.

It can be useful to compare experiences with others on Arthritis Care's discussion forums (www.arthritis-care.org.uk/forum).

There may be a difference in the length of each leg after surgery in a few people. This can be corrected with a heel or shoe raiser.

Remember that joint replacements do not last forever and that joint surgery is only part of the management of arthritis. The life of a joint replacement will depend on several factors, including the particular prosthesis used, the success of the operation and the individual's lifestyle.

Think about your own responsibilities. Have you been looking after your joints and exercising? This can have a huge impact on your recovery and mobility. If you are having difficulties exercising ask to be referred to a physiotherapist again to discuss the ways in which you can incorporate exercise into your lifestyle. Even gentle walking is fine – try to build up slowly. You can read Arthritis Care's booklet on exercise for more tips.

Don't forget that disappointment can be avoided by having as clear and realistic a picture as possible before surgery.

There have been many developments in surgery for people with arthritis, and many of the procedures are considered very reliable and successful. While the operation itself and recovery can be very hard work, many people reap benefits and find that having surgery for their arthritis results in pain relief and positive lifestyle changes for many years. Find out as much as you can beforehand, and remember, the choice is yours.

My life has changed so much since my knee operation. I can keep up with life now and my pain has gone

Our booklets are reviewed every 12-18 months. Please check our website for the latest version and reference sources or call 020 7380 6577.

USEFUL ORGANISATIONS

GENERAL

● Arthritis Care

www.arthritiscare.org.uk

UK office:

Tel: 020 7380 6500

South England office:

Tel: 0844 888 2111

Central England office:

Tel: 0115 952 5522

North England office:

Tel: 01924 882150

Northern Ireland office:

Tel: 028 9078 2940

Scotland office:

Tel: 0141 954 7776

Wales office:

Tel: 029 2044 4155

● Arthritis Research UK

Tel: 01246 558033

www.arthritisresearchuk.org

Funds medical research into arthritis and produces information.

● Assist UK

Tel: 0870 770 2866

www.assist-uk.org

Offers advice about choosing and obtaining equipment for disabled people. Contact to find your nearest Disabled Living Centre.

● Benefits Enquiry Line for disabled people

Tel: 0800 882200

(0800 220674 in Northern Ireland)

● British Orthopaedic Association

Tel: 020 7405 6507

www.boa.ac.uk

The British Orthopaedic Association's website includes a public area featuring information for people preparing for orthopaedic surgery.

● Chartered Society of Physiotherapy

Tel: 020 7306 6666

www.csp.org.uk

The professional body for physiotherapists in the UK.

● College of Occupational Therapists

Tel: 020 7357 6480

www.cot.org.uk

The professional body for occupational therapy staff in the UK.

● DIAL UK

Tel: 01302 310123

www.dialuk.org.uk

DIAL UK can give you details of your nearest disability advice and information service.

● Disabled Living Foundation

380-384 Harrow Road,

London W9 2HU

Tel: 020 7289 6111

Helpline: 0845 130 9177

www.dlf.org.uk

Advice and information on equipment.

USEFUL ORGANISATIONS

● **Motability**

London SE1 9HB
Tel: 0845 456 4566
www.motability.co.uk
Provides cars and powered wheelchairs through the Motability scheme.

● **The National Joint Registry**

www.njrcentre.org.uk
The National Joint Registry collects information on total hip and knee replacements in England and Wales.

● **NHS Choices**

For information and links to NHS services in your area, call NHS Direct on 0845 4647 and NHS 24 in Scotland on 08454 242424.
www.nhs.uk

● **RADAR**

Tel: 020 7250 3222
www.radar.org.uk
A campaigning organisation with a range of disability information

● **Remap**

Tel: 0845 130 0456
www.remap.org.uk
Provides tailored equipment for disabled people.

● **Ricability**

Tel: 020 7427 2460
www.ricability.org.uk
Consumer guides on products and services for disabled people.

ARTHRITIS CARE

Arthritis Care exists to support people with arthritis. We are the UK's largest charity working with and for all people who have arthritis. We offer support wherever you live in the UK.

It costs us £1.10 to provide you with this booklet. If you are able to access information online, you'll help us save money and the environment.

Get involved with us today if you can.

- Make a donation.
- Leave a legacy in your Will.
- Join as a member.
- Become a volunteer.
- Support us in your local area.
- Take part in events.
- Campaign on our behalf.
- Find out about our self-management training and support.
- Join our online discussion forum.
- Visit our website.
- Ring our confidential helpline.
- Join a local support group.

We exist for everyone with arthritis, but we rely on the support of people like you. If you would like to make a contribution to our work, please phone us on 020 7380 6540. Or you can donate online.

www.arthritiscare.org.uk



ARTHRITIS CARE

*Empowering
people with arthritis.*

**To find out more about
arthritis and Arthritis Care**

Freephone our confidential helpline

0808 800 4050

(weekdays 10am-4pm)

Visit our website

www.arthritiscare.org.uk