Surgery and Arthritis
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TAKing the decision to have any kind of surgery is no small matter. If you have arthritis, 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.

In this booklet we look at what is involved in having surgery for your arthritis, provide information on preparing for surgery and on the different types of procedures, and discuss what to expect from life after surgery.
Treatments for arthritis are continually improving, and many people with arthritis will find they never need to have surgery but can manage their condition effectively through a combination of medication and adjustments to lifestyle. Surgery is usually considered only after all other suitable treatment and management options have been explored.

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 or working.

For those who do require it, surgery can bring about a dramatic reduction in pain, and an improvement in mobility and quality of life. Many different types of surgery can help, from small procedures (such as operations to remove cysts or nodules) to major surgery (including total joint replacement).

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

Hip and knee replacements are now very common procedures. There are more than 70,000 knee replacements carried out in the UK each year, and almost as many hip replacements. Although most people undergoing these joint replacements are over 65 years of age, improvements in the design and the materials used for implants mean that younger people can now also be offered replacements. A replacement hip or knee joint should last around 15–20 years, depending on wear and tear, after which revision surgery can be considered.

Before weighing up the pros and cons with your doctor, it can be helpful to find out as much as you can about your options and about the different procedures available to you.
Alternatives to surgery

You might be keen to avoid surgery if possible, in which case you may wish to consider a self-management approach. This means taking control of your condition so that you are able to do the things that are important to you. There are many ways to do this, including:

- 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.

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.

If you feel that your current medication is not working very well, talk to your doctor.

For more information on controlling your weight, see our booklets: Healthy Eating and Arthritis, and Exercise and Arthritis.

You can learn more about pain management by attending one of Arthritis Care’s self-management sessions on dealing with pain.
‘My hip replacements are wonderful – I have freedom and total mobility.’

Weighing up the decision

To help you make the decision to have surgery, you will need to take advice from your consultant. Find out as much as you can so that you have all the information you need to make a decision that is right for you.

It is important to assess the risks and complications involved in any surgery and to weigh them up against the potential benefits of having the operation (see page 8).

Joint replacements are generally successful operations, although revision surgery may sometimes be necessary in time. The success of any joint surgery will depend in part on how well you look after your joint: you will need to exercise it in order to keep the muscles around it strong, while being careful not to overstrain it. But how long a new joint will last will depend on a number of other factors too, including the type of procedure used, which joint is replaced, and your age and lifestyle. You will need to discuss these issues with your doctor.

It is important to note that revision surgery is not always as successful as the original replacement.
Surgery: the benefits and the risks

The benefits

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

The main benefits of surgery should be decreased pain, improved mobility, as well as a prevention of disability or deterioration.

Improvement to the movement of a joint after surgery can be difficult to predict and depends on many factors, including the extent of the deterioration of the joint before surgery, the strength of the muscles surrounding the joint, and the success of the operation itself. But many people find that, once fully recovered from their surgery, they experience total pain relief in the area that has been operated on, and are able to go back to work. Daily activities, such as dressing or housework, are often easier, and you may find it easier to use public transport or get back to driving a car. Re-aligning joints can make them easier to use and can also bring cosmetic benefits. Many people also find that, as they experience less pain and improved movement, they are able to do more, which gives a boost to their independence.
‘The biggest benefit is the pain relief – I’m not 100 per cent mobile but the pain reduction is amazing.’

Exercise and health

If you have arthritis you may well find exercise difficult. But exercise is important, not only to help maintain a healthy weight, but also to ease stiffness, to keep joints moving, and to maintain and improve muscle tone – all of which can have a positive effect on your mood, which in turn can help you to cope and to feel more confident.

Surgery can bring about improved movement and reduced pain, so you may be able to take up exercise that you had previously found too difficult. This can benefit your mental and emotional well-being, and boost your self-confidence, particularly if you were very protective of a sore joint.

Social life and relationships

After surgery, you may find that you can lead a more active social life. You may feel less dependent on your family, and less tense or irritable. When you are in pain you may resist touching, which can create distance in relationships; reduced pain can lead to great improvements in close personal relationships.
The risks

As with any operation, surgery for arthritis has its risks. You should ask your surgeon about any procedure you may be considering. They should be able to give you all the information you need to make an informed choice about whether or not to have the surgery, advise you on any risks, and point out other considerations too, such as those listed on the opposite page.

Talking to your doctor will help give you a balanced picture of the risks. As with any surgery, precautions will be taken to avoid your developing a blood clot or experiencing damage to any surrounding tissue.

See also page 15 for some questions to ask your surgeon.
Factors to consider

Functional improvement
What degree of movement and function is it realistic for you to expect to have after your operation?

Likelihood of success
What is the risk that your operation may not be as successful as you had hoped? It must be noted that, while most operations are successful, operations on arthritic joints do not always lead to the desired improvement. Only in rare cases do they fail altogether.

Limitations
Might you still have problems moving after a joint replacement or revision surgery? Should you expect any discomfort, or issues such as clicking or clunking in the replacement joint, any loosening or dislocation of the joint, or scar tissue?

Waiting list
What is the likely waiting time for your surgical procedure? (See also ‘Waiting times’ on page 17.)

Work absence
How much time are you likely to need away from work?

Recovery
What is the predicted recovery time before you might be able to resume your daily activities?

Infection
Any surgical procedure carries a risk of infection, though small. See also pages 12 and 47.
‘Being told about the risks was scary but not having the operation would have been a far greater risk to my quality of life.’

Infection

There is a small risk of infection during any operation, and joint replacements are no exception. If you develop a minor infection, it can usually be cleared up very effectively with antibiotics. In the less likely event that the infection is deep, you may require revision surgery, or your replacement may have to be taken out.

You are likely to be given antibiotics along with your anaesthetic in order to prevent infection. Some hospitals also use dedicated ‘clean air’ operating theatres and antibiotics in the material (cement) used in joint replacements. If you are concerned, ask your surgeon what measures will be taken during your surgery.

Prohibitive conditions

Having a joint replacement is major surgery. If you have any other medical conditions, such as heart disease, lung problems, an infection, or perhaps very active arthritis, then your doctor will discuss with you whether surgery could potentially put too much strain on your body.
Any infections (for example an ulcer or a foot infection) must have cleared up before surgery as these can spread to the site of the operation and cause complications.

Also, if you are overweight, surgery may not be recommended because the extra weight puts more pressure on joints and can make recovery slower. It can also mean there is more strain on your heart, lungs and kidneys, which will be under pressure during an operation. Having a general anaesthetic if you are overweight also carries risks. If your weight is an issue, talk to your doctor about trying to lose weight.

**Post-operative care**

Before you leave hospital you should be given a set of exercises by your team of healthcare professionals to aid your recovery, and you should be shown what kinds of movements you should avoid. You should also be advised on any treatment that might be required in the event of a joint dislocation. If a new joint does dislocate, it can usually be put back into place under anaesthetic.
Making an informed decision

You need to get a clear picture from your consultant about how much you are likely to 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 without 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, such as an operation on your hand or your ankle, it should be performed by a surgeon who specialises in that area.

You will also need to think about how you will manage practically at home after the operation. It is likely that you will need some support from family, friends or a carer, which you should try to organise beforehand. If you are worried that you might need additional support, speak to your doctor in the first instance.

For sources of further information and support, see pages 56–57.
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? (80% now last for 20 years.*)
5. What is the risk of dislocation? (For a hip joint, dislocation occurs in around 3%.**)
6. What can I expect after the operation?
7. How will I know if the operation 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?

* Source: ARUK; **Source: NHS Choices
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, and they may refer you to have X-rays taken.

This consultation is an opportunity for you to discuss the problems that your arthritis is causing you, explore possible alternative treatments to surgery and ask questions you might have about the operation in order to help you reach a decision (see page 15).

Sometimes a combined clinic may be held, involving both rheumatologists and orthopaedic surgeons.
Waiting times

Once your doctor has referred you for surgery on the NHS, 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. 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.

Patients in England can expect to start consultant-led treatment within 18 weeks of referral by a GP for non-urgent conditions. In England you can find out the expected waiting times and further details for more common procedures at your local hospitals by searching the NHS Choices website at nhs.uk; in Scotland, check the waiting times database at waiting.scot.nhs.uk; in Northern Ireland visit hscni.net; and in Wales visit wales.nhs.uk.

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 via the NHS e-referral Service. Go to nhs.uk and click on ‘choiceintheNHS’.
NHS or private care?

Some people face such long waiting times for surgery on the NHS that they decide to pay to have their operation in a private hospital. Having an operation privately is expensive, and is beyond the means of a lot of people. However, some people decide that the need for more immediate improvement to their quality of 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 en-suite 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.

When paying to attend a private hospital you may find there is more choice about such things as when you have your meals or 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.
If you do opt to have your operation privately, it is wise to check exactly what is included in the cost of your operation. Be certain about whether or not it includes such things as painkillers or injections, as these costs can quickly mount up. Some hospitals do have fixed-price packages that include cover if there are complications with your operation. Occupational therapy is also not always included in costs, although it may be needed.

**Private health insurance**

If you have private health insurance, be aware that some policies do not cover pre-existing conditions such as arthritis. You may be covered if you develop a condition after starting the policy, but if you had the condition before starting the policy, check your cover with your insurance company.
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.

**Joint replacement**

Joint replacements are commonly performed and are often very successful. It is possible to have a total or partial joint replacement, depending on the extent of damage. The most commonly replaced joints are hips and knees, followed by shoulders, but it is also possible to have replacements of smaller joints in the hands, elbows and ankles.

A replacement joint usually lasts at least 10–15 years. Beyond that, 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**

A joint-replacement 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 your age and on 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.

**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, the thigh bone ball is removed, and a new artificial ball is inserted, and 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.

*Examples of the many different kinds of replacement joints for the hip (left) and the knee (right). The artificial joint may be either cemented into place (with acrylic), or uncemented and its surface roughened to encourage the bone to grow onto it.*
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 or less active people, while a ceramic ball with a plastic socket is a choice for younger and more active people. Other combinations include using a metal ball with a metal socket, or a ceramic ball with a ceramic socket. There is less data available on the effectiveness of these types of replacements in the longer-term.

**Total and partial knee replacement**

There are many different types of knee replacements. A total knee replacement (total knee arthroplasty) refers to the replacement of both the outside and the inside of the joint – that is, 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 arthritis affects only one side of the knee (usually the inner side). A half knee replacement is likely to lead to better...
mobility than a total knee replacement. Not only does it tend to have a generally better outcome, it also allows the option of total replacement later if needed.

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

Other joint replacements

Other types of joint replacement include shoulder or elbow replacements. In a shoulder replacement, 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).

Very few people need back surgery.

If you require specific information on back surgery, contact BackCare on 020 8977 5474, or visit backcare.org.uk.
Other types of surgery

Synovectomy

If the lining of a joint (synovium) becomes very inflamed, it can make the joint painful and difficult to use, and increase the risk of bone deterioration. A synovectomy is an operation to remove this inflamed lining. The operation may need to be repeated, as the synovium can grow back and become inflamed again. If it recurs and the joint is damaged, the joint may eventually have to be replaced. These days, as drug treatment to prevent inflammation has improved, synovectomies have become less common.
‘Before my knee replacement I couldn’t bend my leg or use stairs – now I can.’

**Arthroscopy**

Generally used on the knees, ankles, shoulders, elbows, wrists or hips, an arthroscopy is a type of keyhole procedure that involves the insertion of a very thin tube with a camera at the end (an arthroscope) into the joint through a small hole in the skin. Images generated by the arthroscope enable the surgeon to assess the damage to the joint, and to insert surgical tools through other small incisions in the area so as to perform an operation without having to do open surgery.

**Arthrodesis/fusion**

If joint replacement is unsuitable, sometimes a surgeon may suggest a procedure known as arthrodesis, whereby a joint is fused into a permanent position. 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.
Osteotomy

An osteotomy involves cutting and refixing the bone near a joint in order to straighten a limb or to re-align a joint. It is usually done around the knee joint as a preventive measure to realign the knee so that weight is no longer concentrated on the damaged part of the joint. It can avoid the joint becoming more deformed or painful.

Carpal tunnel decompression

Carpal tunnel syndrome (CTS) is a relatively common condition in which tissue in the wrist swells and irritates the nerve running up through the wrist and hand, causing pain and numbness in the fingers and hand. It may disappear without treatment, or, in more severe cases, a treatment known as carpal tunnel decompression may be needed. This commonly performed and successful procedure 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.
Minor surgery for arthritis

There are other types of surgery that might be considered for people with arthritis. These include repairing tendons in the hands, removing cysts or nodules in the wrist or hands, or removing painful bunions or damaged joints at the base of the toe to allow more comfortable walking. Some of these operations might be carried out as a relatively straightforward day procedure, while others can involve a stay in hospital and lengthy recovery.

Hip resurfacing

Hip resurfacing was developed as an alternative to total hip replacement, but it is a procedure suitable only in certain cases and its effectiveness, in particular over the long term, is not yet known. More research is also needed on the safety of this treatment. It 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.
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 the measures that will be 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.
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.

You should stop taking the contraceptive pill before having lower limb surgery as there is some evidence to suggest that it increases the chance of getting a blood clot.

Be sure to discuss with your doctor any medication or supplements you are taking.
‘I had the preoperation assessment with an occupational therapist who checked the house and height of toilet.’

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 in advance to make this easy for you.

If necessary, you should see an occupational therapist (OT) before you go into hospital to make sure that you have the equipment you will need, such as chair raisers or a raised toilet seat. You may also want to put handrails in the shower/bath to make access easier and help you feel more confident while you are recovering.

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; 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.
Preparing for being immobile

You may need someone to help you do certain jobs around the house for a few weeks after your operation, and to help with such things as shopping or 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; 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 on kitchen essentials and other basic items to save yourself from running out of things while you are recovering. It can also help to have cooked meals before going into hospital and stored them in the freezer. You can defrost and heat them up easily when you need them.

You may not be allowed to bend much for a few weeks, so think about how you will manage. Some of the ways you can prepare are to:
‘I used to go swimming before the operation to keep fit and healthy.’

• 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 where items such as the telephone, your medication, drinks, radio or the TV remote control are in easy reach.

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.

For more information on organising your home so that you are able to carry out daily activities, see Arthritis Care’s booklet on independent living.
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. However, the exact amount of time you will need in order to recover fully will depend on several 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), Personal Independence Payment (PIP) or Attendance Allowance payments will stop after 28 days in hospital. They will be paid again when you come out. Claims 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 Disability Benefits Helpline, 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 Equality Act (2010), your employer 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 being 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 daily 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

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:

- your medication*
- easy-to-wear clothes
- toiletries, make-up and/or a razor
- mobile phone and charger
- a book, magazines, puzzles, 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.
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. 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 and epidural. The anaesthetist may discuss the options with you, although you are unlikely to be able to choose for yourself.

Unless you are undergoing a very minor procedure, you are likely to be given a general anaesthetic, which means you will be asleep throughout the operation. Most people prefer this, although it could take you longer to recover from the operation as you may feel drowsy, and a few people experience nausea as a side-effect of a general anaesthetic.
A general anaesthetic will probably be administered through a small tube inserted into a vein. You will probably also be given drugs to ease any pain, and antibiotics to prevent infection.

If you have a procedure requiring only a local anaesthetic, this will be applied to the area where you are going to be operated on, to numb just that area. You will stay awake throughout the procedure, but you may also 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 be able to opt 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 with your doctor any concerns you have about being given a general anaesthetic.

An epidural is an anaesthetic that 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 a general anaesthetic, or as part of a general anaesthetic.

You can choose to have medication to relax you and to make you drowsy (called a pre-med) before being taken to the operating theatre. Note, however, that 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.
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, or because of the effects of the anaesthetic, which can take a while to wear off.

**Initial recovery in hospital**

You may well find that you are sore and uncomfortable at the site of the operation; you are likely to have some bruising, and stiff or sore muscles. You will be given painkillers to help with this. Initially, you will probably not feel like eating much, but it is a good idea to drink plenty so as to avoid side-effects such as constipation.

If you have had a general anaesthetic, you will come round in a recovery room with the nurse or other people involved in your operation. Here you will be monitored carefully; you will usually feel very drowsy initially. Some people find they do not wake up properly until they are back in the ward, and you it is quite likely that you may not remember your time in the recovery room at all.

If you have had an epidural anaesthetic or nerve block, you may find you do not have much feeling in your legs for around 12–24 hours.
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, such as a joint replacement, you will probably have drains on your wounds to remove blood that could otherwise cause excess bruising. In some circumstances it may be necessary for a catheter to be fitted, 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 joint replacement, you may have a foam wedge or pillows placed between your legs to help keep your new joint in place.

How soon you can walk again 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, but more major surgery may necessitate a delay of several days. And 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 rest for longer.
Physiotherapy

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.

The exercise you require will depend on the kind of surgery you have had and on your general health. 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 may then be moved on to weight-bearing exercises.
Your physiotherapist will teach you safe ways to carry out day-to-day movements, such as sitting and bending, to prevent damage to the joint you have had surgery on. You are likely to have physiotherapy each day while in hospital. Initially you may not feel like exercising, but many people are surprised by how quickly they get going.

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.

If the hospital has a hydrotherapy pool you may get the opportunity to use it once your scar has healed. The warm water will help 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 using the stairs or washing and dressing. You should also find out what follow-up you can expect once you return home.
Stitches and healing

If you have stitches or staples these will need to be taken out around ten days after the operation. This can usually be done by a nurse at your GP surgery, and it is a good idea to book an appointment for this as soon as you get home. If you have had dissolving stitches, these do not need to be removed.

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.

Scarring

After surgery, you may be left with a significant scar, which can sometimes be sore and painful. 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. To help to reduce the visibility of scars, some people use silicone gel sheets, which can be bought in pharmacies.
You are likely to be asked to return to hospital for a follow-up appointment around six to twelve weeks after your operation.

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.

**Rare complications**

Infections are very rare, but you should keep an eye out for unusual pain in the joint or other symptoms such as a raised temperature or headache. It is possible for 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 think you might be developing ingrowing toenails or any sores or ulceration.

It is sensible to keep a careful watch, but this shouldn’t prevent you carrying on an active life after your operation.
Returning home

How quickly you will be able to return home will depend on the type of surgery you have – for only a minor procedure you may be home the next day, but for anything else you are likely to be in hospital for about a week.

Managing discomfort

It is normal to experience some stiffness and discomfort after surgery, and you may need to take painkillers, perhaps for several weeks. Try to be patient and remember that, in time, you should have a better range of movement than you did before. However, if you become concerned that there is no improvement after about six weeks, talk to your GP or physiotherapist.

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 able to do on your return home. Be prepared to ask family and friends for help and to share how you feel with them.

**Avoiding secondary infection**

Tell other health professionals (for example, your dentist) that you have had surgery. It is not impossible for some procedures to allow bacteria to enter the bloodstream, and you should be aware of the risk while you may be vulnerable to infection. You should be given the option of being given antibiotics before any invasive procedure.

If you experience symptoms such as pain in your chest or breathlessness, you should visit your local hospital or GP immediately. Other symptoms – such as swelling, redness or other painful areas – could be just bruising from the operation, but it is worth double-checking with your doctor to rule out the risk of a clot.
‘It took a few months to get the benefits of the surgery.’

**Avoiding injury**

Surgery inevitably causes limitations in the short-term, and this can be very frustrating. It is important to be patient. If you attempt too much too soon you could slow down your recovery or even injure yourself. There will be certain, specific movements that you should avoid for some weeks after the operation – your doctor or physiotherapist should advise you of these. For example, after hip surgery you should try to:

- not twist your hip or bend it more than 90° (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 (this could result in a permanently bent knee).
It is best to avoid too much bending, especially when sitting or standing, especially after a hip replacement. Avoid putting on your own socks and shoes for a while, and consider using higher chairs or a raised toilet seat. Some other equipment that may help avoid unnecessary bending includes:

- a long-handled reacher to grab things
- a shoe horn or sock aid to help put shoes and socks on
- a sponge on a stick to wash your legs, or wipes to clean yourself if unable to bath or shower
- a long-handled hair washer (particularly if you have had upper body surgery).

**Resuming normal activities**

You will probably be able to return to work around six to twelve weeks after surgery, depending on the kind of work you do. Your surgeon should be able to advise you on this, and also to tell you when you can start driving again. If you have had lower-limb surgery you may need to wait around six to eight weeks after your operation before having sex.

*Check your car insurance to make sure it doesn’t have restrictions on driving after surgery.*
‘At first I had to be very careful, but it wasn’t long before I started gardening again.’

Exercising

After surgery, you may still be able to receive physiotherapy as an outpatient. It is a good idea to check what the arrangements are at your hospital before you leave.

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

Swimming or other water-based activities such as gentle aqua aerobics can help build up muscle strength.
As you build strength you can start taking part in a range of low impact activities, such as 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, such as 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 vulnerable time after an operation is between six to eight weeks later, when the risk of dislocation is highest. So take great care during this time.
If you have questions about your 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
- a discharge of pus through the skin
- a lack of gradual improvement after surgery.

Some results of surgery may seem alarming but are nothing to worry about. For example, it is not uncommon for there to be a difference in the length of each leg after surgery. 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 any joint replacement will depend
on several factors, including the particular prosthesis used, the success of the operation and your lifestyle. If you feel you are not progressing as well as you had hoped, think about how you have been looking after your joint, and how you have been 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.

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.

See Arthritis Care’s booklet on exercise for more tips.

It is important to have as clear and realistic a picture as possible before surgery of what you can expect. See pages 8–15.
Here for you

If you have arthritis we understand how it can affect you, your life and those around you. Whether you’ve been recently diagnosed and want to find out more or you’ve been living with arthritis for some while, we’re here for you.

We believe there is always something you can do to reduce the impact of arthritis and look to the future with confidence.

There’s a free helpline, a range of services and free information leaflets and booklets that you can find on our website or order by post.

Talk to us

Talking about arthritis, sharing your concerns and how you feel can really help. Our free helpline is run by people with experience of arthritis who are there to listen and help you find answers to your questions. Our free, confidential phone line is open weekdays on 0808 800 4050.

We can:
• Help you with any questions you have about arthritis
• Help you understand the financial benefits that may be available to you
• Be there to listen if you need someone to talk to
• Provide you with information about staying in work
• Tell you about services and courses that can help you in your area
• Send you a range of free information leaflets and booklets.
Talk to others

There may be a Living Well with Arthritis service near you, often run by people who have arthritis with the time to listen to what’s happening in your life, help you to understand your condition and manage your symptoms better and talk through your options.

There are Arthritis Care groups and branches, run by people with arthritis, giving you the opportunity to spend time with others who share and understand what it’s like to live with arthritis.

Or you may prefer to visit our online community where you can chat to others with arthritis about the things that matter to you.

To find out more go to arthritiscare.org.uk, call the free helpline weekdays on 0808 800 4050 or contact one of our offices:

• England: 020 7380 6512
• Northern Ireland : 028 9078 2940
• Scotland: 0141 954 7776
• Wales: 029 2044 4155

Become a member of Arthritis Care and receive Inspire, our quarterly magazine on how to live well with arthritis.
Other useful organisations

**Arthritis Research UK**
Funds medical research into arthritis and produces information.
Tel: 0300 790 0400
[arthritisresearchuk.org](http://arthritisresearchuk.org)

**Alltogethernow.org.uk**
Offers advice about equipment for disabled people. Contact to find your nearest Disabled Living Centre.
Tel: 0151 230 0307
[alltogethernow.org.uk](http://alltogethernow.org.uk)

**British Orthopaedic Association**
Their website includes a section featuring information for people preparing for orthopaedic surgery.
Tel: 020 7405 6507
[boa.ac.uk](http://boa.ac.uk)

**Chartered Society of Physiotherapy**
The professional body for physiotherapists in the UK.
Tel: 020 7306 6666
[csp.org.uk](http://csp.org.uk)

**College of Occupational Therapists**
The professional body for occupational therapy staff in the UK.
Tel: 020 7357 6480
[cot.co.uk](http://cot.co.uk)

**SCOPE-DIAL UK**
DIAL UK can give you details of your nearest disability advice and information service.
Tel: 0808 800 3333
[scope.org.uk/support/disabledpeople/dial/about](http://scope.org.uk/support/disabledpeople/dial/about)

**Disability Benefits Helpline**
Tel: 0345 850 3322 (for PIP)
Tel: 0345 605 6055 (for Disability Living Allowance if born before 8/4/48)
Tel: 0345 712 3456 (for Disability Living Allowance if born after 8/4/48)
Tel: 0345 605 6055 (for Attendance Allowance)
Tel: 0800 220 674 (Northern Ireland)
Disability Rights UK
A campaigning organisation working to change the experience of disabled people.
Tel: 020 7250 8181
disabilityrightsuk.org.uk

Disabled Living Foundation
Advice and information on equipment.
4th Floor, Jessica House, Red Lion Square, 191 Wandsworth High Street, London SW18 4LS
Tel: 020 7289 6111
Helpline: 0300 999 0004
dlf.org.uk

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

NHS
NHS Choices: for links to NHS services in your area,
nhs.uk
NHS 111 Service: Tel: 111
nhs.uk/nhs-direct
NHS 24 (Scotland): Tel: 111
nhs24.com
NHS Direct (Wales): Tel: 0845 4647
nhsdirect.wales.nhs.uk

Remap
Provides tailored equipment for disabled people.
Tel: 01732 760209
remap.org.uk

Rica
Consumer guides on products and services for disabled people.
Tel: 020 7427 2460
rica.org.uk
Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are free to anyone who is affected by arthritis. The challenges of living with arthritis are too often overlooked and underestimated. We’re here to change that. Now more than ever we need people like you to lend their time, experience and voice to help others.

Help us improve our information

We know that the people who use our information are the real experts. That’s why we involve them in our work. If you have arthritis you could help us improve our information. You can comment on a variety of information, including booklets and factsheets. If you’d like to know more about becoming a reviewer, email reviewing@arthritiscare.org.uk You can get involved from home whenever you like. You don’t need any special skills, just an interest in our information.

Share your experience

Would you be willing to share your story to help others manage the challenges of living with arthritis? Contact our helpline to speak to someone about getting your story online or in the media.
Take on a challenge! Arthritis Care organises many fundraising events every year; see our website for full details.

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**Raise awareness**

Could you help raise awareness of arthritis by putting up posters and leaflets in your local community pharmacy or supermarket? Whether it’s minutes or days, whatever time you can give will really make a difference.

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**Donate**

Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at arthritisresearchuk.org/merger. All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

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To make a donation all you need to do is visit [arthritiscare.org.uk/donate](http://arthritiscare.org.uk/donate) or call us on **020 7380 6540**

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Thank you
We believe there is always something you can do to reduce the impact of arthritis. Call our free and confidential helpline. Talking about arthritis, sharing your concerns and how you feel, can really help.

There are free publications that you can find on our website or order by post. Or you may prefer to visit our online community where you can chat to others about the things that matter to you.

To find out more about arthritis and Arthritis Care call:

0808 800 4050
(open weekdays 10am–4pm)

arthritiscare.org.uk