

HERE FOR YOU Throughout your knee replacement journey

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This brochure has been divided into four sections to guide you through your knee surgery.

From learning about your knee to what you need to know before, during and after surgery, each section has its own colour to help you know where you are in the journey.

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## **GETTING YOU BACK TO DOING** The things you love

Knee pain can make it hard to do the things you love. As you consider a knee replacement, it's only natural that you'll have questions. We've created this brochure to explain how knee replacement can significantly improve your quality of life and get you back to enjoying your favourite activities.

You're not alone on this journey. Every year several hundred thousand people are looking for a treatment for their knee pain. Just like many other surgical procedures, you can do a lot to contribute to your recovery in order to achieve the best possible outcome. This guide will support you when talking to your surgeon, who will advise you on what to expect from your surgery and how best to aid recovery.

Everyone's pathway to surgery and recovery is different, as what works for someone else may not be best for you. We expect that, together with this guide and your healthcare professional, you can find answers to all of your questions.

It's your journey, and we're with you every step of the way.



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## WHAT IS THE CAUSE OF Your knee pain?

In a healthy knee, the bones forming your joint are cushioned by cartilage and a thin lining that reduces friction and absorbs shock.

When osteoarthritis affects your knee joint, the cartilage cushioning the bones softens and wears away, which causes the bones to rub against each other. This causes pain and stiffness that can worsen over time.\*

While a certain amount of cartilage wear is normal as we age, your genetics and lifestyle can affect how likely you are to get knee arthritis. Limb misalignment, rheumatism, metabolic disease, frequently carrying uneven loads or sustaining an injury can damage your joint's cartilage and trigger the condition.

\* https://www.nhs.uk/conditions/arthritis



## **REMEMBER, THIS IS ALL ABOUT YOU, AND** You are not alone

When you suffer from advanced osteoarthritis, your knee pain may seem to disrupt everything...

Activities you once loved now cause you too much discomfort to enjoy, and you find it hard to be your usual self around friends and family because it's hard to focus. Why? When you're feeling it constantly, knee pain doesn't let you think about anything else.

At Zimmer Biomet, we understand that knee pain can force you to change your life plans, but we want you to know that you're not alone in this journey. Osteoarthritis is the most common musculoskeletal condition worldwide, and our solutions have helped millions of people just like you to overcome similar experiences and come out happier and healthier on the other side.



Having exhausted conservative treatments, like physical or medical therapy and knee injections, you're now at the stage where your surgeon has suggested you consider surgery.

Our implants are designed to get your life back on track and give you the freedom to live your life how you planned.

**Arthritic knee** When the cartilage cushioning the bones wears away.

## **KNEE REPLACEMENT SURGERY** The artificial knee

An artificial knee is designed to bring back the natural anatomy and correct any existing deformities.

## Types of knee replacement:

## **Total knee replacement**

A total knee replacement works by replacing the surfaces of all the bones in the knee joint that have worn down, and it can sometimes include the knee cap.

A total knee replacement is required when your osteoarthritis is at a severe stage and other treatment options have been exhausted or ruled out by your healthcare professional.



### Partial knee replacement

At times only one side of the knee joint is affected by osteoarthritis. In these cases, a partial knee replacement can sometimes be used.

It only resurfaces the part that is damaged and leaves all ligaments and healthy bone and cartilage intact.

# Once chosen, the new components need to be fixed safely onto your bone:

## **Cemented implants**

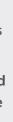
A cemented implant will be held in place w a special bone cement (shown in blue on t image). The bone cement acts as the 'glue that holds the implant safely in place.

Cemented implants set within minutes and under normal circumstances can support your body weight on the day of your surgery.

## **Cementless implants**

Cementless implants allow your bone to grow onto their surface, so they can become fully integrated into your bones.

If your bone quality allows, a cementless implant might be considered for you.



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## **PREPARING FOR Knee replacement surgery**

## Here are some tips on how to prepare for surgery:

## Prepare yourself physically

During the check-up, your doctor may look at the medication you currently take and suggest you make changes to your diet or begin exercising.

If you are a smoker, you should  $\begin{bmatrix} -1 \\ -1 \end{bmatrix}$  tell your doctor as smoking can delay your recovery.

Tell your doctor if you currently have dental work done. To prevent germs in your mouth from entering your bloodstream and causing an infection, your doctor might ask you to stop or delay any dental works.

One of the decisions prior to knee replacement surgery is what type of anaesthesia will be administered. Before your surgery is scheduled, your anaesthesiologist will review your past medical history, give you an exam and then discuss the type of anaesthesia recommended for you. Ultimately, the final decision is made jointly between you and your anaesthesiologist.



General anaesthesia involves a complete loss of consciousness, while regional anaesthesia numbs a specific area of the body without altering brain or breathing functions. Occasionally, the anaesthesiologist will strongly recommend one over the other because of your current medical condition or because of the type of procedure.

## **PREPARING YOUR HOME FOR Knee replacement surgery**

Your care team will give you some suggestions and guidance about how best to arrange your home for your recovery. There are many things you can do to aid your independence:

- Arrange furniture so it's easier to get around your home.



Remove trip hazards to prevent falls.



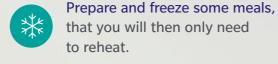
- Raise your bed or rent a hospital bed, so it's not too low.
- Choose high-armed chairs with firm seats.

Keep things in easy reach particularly items you use often.



Use a raised toilet seat to make sitting and standing easier.







Dressing sticks, sock aids and tight aids.

Long shoehorn, to aid you putting on and taking off your shoes.



Bathtub seat, shower stool, shower mat, long-handled sponge.



Shopping trolley, to ensure that you aren't over-loaded and can focus on your footing.



Wear clothes and shoes that you can take on and off easily. Ideally shoes should be slip-on or fastened with velcro.

## Things that might be useful to take to the hospital:











Shoehorn with a long handle.



Backpack or fabric bag with long handles.



Restrict pets to their own area of the house, so they don't cause you to trip.

## WHAT HAPPENS During your procedure

Your initial preparation, surgery time, and time spent in the recovery area, should take around four hours.

You shouldn't wear contact lenses, dentures or hearing aids during the procedure.

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Your surgeon uses templates to prepare your affected knees for the new implant.

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They then use a test implant to check for the correct fit, size, stability, and range of motion.

The backside of the kneecap may also need to be replaced depending on how far the cartilage damage has advanced.

Your surgeon makes an incision

knee to see the joint.

on the front of your

They remove the affected bone and cartilage surfaces from the upper and lower leg bones.

> Your surgeon first attaches an implant to your thigh bone, then to your shin-bone and then puts a plastic insert between them to make sure they can glide over each other without friction.

Finally, after the last test of stability and motion, your surgeon fixes the joint in place, closes the wound and applies a pressure bandage.

## **IMMEDIATELY After surgery**

You'll be moved to the recovery room where you'll be monitored by specialised nurses. They'll look after you while you're unconscious, and ensure a good recovery from the anaesthetic, before you can be transferred to a regular ward.

## Know what happens after surgery

For the first few days, your knee will be swollen and tender; all of this is normal.

### Your first movement and steps

After your operation, the hospital team will help you to get out of the bed as soon as possible, so you can start walking, sitting and going to the bathroom with walking aids. Most patients will be able to walk on the same day of surgery. This early movement promotes good circulation and movement of your knee and reminds you that you are not sick.

## Walking again

To get you back on your feet after surgery, you'll learn to walk with walking aids first and then with crutches.

Typically, you'll use the crutches to walk on both legs. Your healthcare team will let you know when you're safe only to use one crutch or stop using them altogether.

## Your pain control

Good pain control will allow you to sleep better, helping your body heal more quickly and enabling you to leave hospital sooner.

Our pain perception is very different from one person to the other, so if you have pain, don't hesitate to ask your medical team, they are there to help you and would not want you to be uncomfortable.

## **Going home**

You'll typically be in the hospital for 1-3 days, and before you're allowed home, you'll need to accomplish discharge goals like:

### Getting in and out of bed by yourself. $\checkmark$

- Having an manageable amount of pain.
- Being able to eat, drink, and use the bathroom.

## Your recovery

Because everyone is different, the time it takes you to recover will be unique. You'll go through all the usual stages of rehabilitation, but you could reach some goals sooner or later than described.

You should always use walking aids to climb stairs until you're certain you no longer need their support.



 $\checkmark$  Being able to perform the prescribed home exercises.

✓ Walking with an assistive device (walker, or crutches) on a level surface and being able to climb up and down a required number of stairs.



## THE SIDE EFFECTS OF **Knee replacement surgery**

Your care team understands that your body is unique, and they'll be aware of how best to keep you safe during and after surgery. However, it is always good to be aware of any possible side effects and if at all concerned discuss with your surgeon.

## Normal effects after your surgery

As part of the usual healing process, you'll probably experience the following:

## A certain amount of pain

Any pain you experience will be at its worst for the first 24 hours after your surgery, and then it should begin to ease.

Your care team will manage your pain with medication.

> You should bear in mind that these are all normal stages of the recovery process and indicate that your body is healing well from your procedure.

### Swelling and bruising

For several weeks after your surgery, the area around your new knee might be swollen, but this will reduce.

### **Feeling numb**

You will likely experience some numbness around the surgery site for the first few weeks after surgery, but this should go away over time.

Like with any surgery, joint replacement can have some risks. To fully understand potential risks and how your care team will help you minimise them, please speak to your surgeon.

https://reports.njrcentre.org.uk/Portals/0/PDFdownloads/ NJR%2017th%20Annual%20Report%202020.pdf



Knee replacements are among the most successful treatments in medical history, lasting around 15 years.<sup>1</sup> A successful implant will improve your mobility and reduce pain.

## **GETTING SETTLED Back at home**

The following are some suggestions that might make life a little easier once you're back at home:



Ask someone to help with your house work for a while.

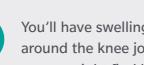


Follow your doctor's advice about painkillers.



You might feel more tired than normal, so plan rests for mid-morning and mid-afternoon.





night's sleep.

You'll have swelling around the knee joint, so you might find baggy clothes more comfortable.

Ensure that you do not

and try to get a good

change your sleep pattern

## It is not uncommon to get a slight increase in pain around 6-12 weeks after surgery.

This is usually as a result of increased confidence and therefore increased activity. If you experience an increase in pain, make sure you allow enough time for rest after activity.

Be patient with yourself.

You should aim to gradually increase your walking distance and the amount of activity that you do every day.

It is important for the long-term success of your new joint that you continue your exercises.

Which and when you can take up sports again after your surgery will O depend on a number of factors.

For example how active you were before and how your recovery is progressing. Speak to your care team about what's best for you.



Please make sure to discuss with your healthcare professional first before beginning any physical exercise.

# **HOW TO MOVE During your recovery**



After your surgery, the goal is to be as active as possible and to slowly perform all the tasks of daily life using your operated knee as naturally and as much as possible.



## Using walking aids

Keep your feet straight and shoulderwidth apart, and place the two aids in front and slightly to the side of your feet. Bend your elbows and put your weight on the handles, supporting your body weight with your hands.

### Sitting down or getting up

It's best to sit straight on a high chair with armrests. When you get up, try to do his as normally as possible; slide forward and support yourself on the armrests.



## **Climbing stairs with walking aids**

If the stairs have bannisters, use only one walking aid. Put your healthy leg on the higher step and use the walking aid to support your operated leg, place your free hand onto the bannister. Support yourself with the banister and walking aid and now put your operated leg onto the same step and when and you feel confident and without pain move on to the next step - repeat to climb the stairs.



### Walking downstairs

Initially this is not as easy as going upstairs, but try not to worry if you find this difficult. Place both walking aids on the next lower step, then move the operated leg to that step while supporting your weight on the walking aids. Then move the healthy leg to the same step and when you feel confident and without pain repeat the process to descend the stairs.



### **Taking a shower**

Wear non-slip shoes and always get into and out of the shower with your healthy leg first. Consider adding aids to the shower to make it safer, such as a non-slip mat, secure shower stool with four legs and a sponge with a long handle.



## **Taking a bath**

Only take a bath when you feel safe to do so and when the scar is perfectly healed. Place a secure square stool that's slightly higher than the bath's edge next to the bath. Always lift your healthy leg into the bath first, and use your hands to support the weight of your operated leg. Aids such as a bathtub seat, non-slip mat and handles might make bathing easier.



### **Putting on shoes**

Wear flat, stable, lace-less shoes that you can put on without leaning forward. Use a shoehorn with an extralong handle to put shoes on and take them off.



## **Getting dressed**

Early in your recovery, it's best to have someone help you get dressed or use a dressing stick and sock aids. Use the stick to grasp a garment's waistband and pull it over your operated leg. Then use the walking aid to get up and pull the garment up. When undressing, always unclothe your healthy leg first.



## Getting into bed and sleeping

Remain straight and tilt your upper body backwards slightly, then lift your healthy leg into bed followed by your operated leg. You should sleep on your back with your legs spread slightly, but if you're a side-sleeper, keep a pillow between your legs so you can't cross them.



## Getting into a car

Get into the car on whichever side gives you more legroom. Turn your back to the seat, sit down and lift your legs into the car, supporting your thighs with your hands. Be sure to move slowly. To get out of the car, do the same in reverse.



Don't drive until your doctor tells you it's safe to do so, and be aware that some medication might affect your reaction time.



## Getting out of bed

Place your buttocks on the edge of the bed, then lift your operated leg followed by your healthy leg out of bed. Your bed should be stable and about 70cm tall - if it's too low, put a second, harder mattress in the bed or raise the bed frame.



## Sexual activity

For the first six to twelve weeks after surgery, don't put too much stress on the knee joint and avoid excessively rotating or bending the knee.

## A FUTURE You can look forward to

We hope this brochure has answered your questions about your surgery and given you some useful information. If this booklet raises any questions, it may help to write these down and talk them through with your healthcare team at your next hospital appointment.

Your successful knee replacement will be the start of you getting back to the activities you love. You'll regain mobility and can look forward to having a better quality of life.

Everyone has their own pathway through knee replacement and recovery to life after.

We wish you every success in your journey.





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