

Your Knee Manipulation under Anaesthetic (MUA) at The Royal Bournemouth Hospital



This booklet from the Orthopaedic Directorate has been designed to answer any questions you may have

Website: www.rbch.nhs.uk ■ Tel: 01202 726223

Introduction:

Dear patient

This booklet tells you about a knee manipulation under anaesthetic at the Royal Bournemouth Hospital. It is for people who decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you..

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

Best wishes

The Orthopaedic Team

This guide book belongs to:

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Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery:

Follow up:

Other:

Goals:

Goal 1:

Goal 2:

Goal 3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Please bring this booklet into the hospital with you.

Educational information

What is this operation for?

A knee manipulation under anaesthetic is performed if you suffer from a stiff and painful knee. You may have already had a total knee replacement and struggled to gain improvements in movement after the surgery. Sometimes scar tissue can build up inside the knee and restrict movement. This operation is used to break up scar tissue and allow more movement and normal function of the knee joint.

Understanding Risks

Where we discuss risk with you we will use the following terms:

Term	Numerical Ratio	Equivalent
Very common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very rare	Less than 1/10,000	A person in a large town

Risks to this surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Your consultant will have discussed these risks with you prior to listing you for surgery.

Common

- Failure to improve range of movement or pain

Uncommon

- Fractures
- Quadriceps tendon tear
- Haematoma formation (collection of clotted blood)

Additionally there are risks associated with the anaesthetic used for the operation; your Anaesthetist will discuss these with you.

Before your surgery

Preadmission Assessment

The Preadmission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call their department.

The visit to the preadmission assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction.

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

Planning ahead

It is important to plan and make arrangements for how you will manage once home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find it difficult to walk to the shops initially. If you have family or friends who can stay with you or visit regularly this may make your recovery easier, both for helping with household tasks and moral support, particularly in the first two weeks.

Smoking

Smoking has been shown to increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health decrease the risks associated with anaesthetics and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

Weight management

Even though you may feel fit and healthy at your current weight patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

Cancellation

If you are unable to attend your appointment or are unwell, please contact us immediately so that we can offer your appointment to another patient.

Arriving for your surgery

Day of surgery

Eating and drinking

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most knee MUAs will stay in hospital for one night following the operation.

When you arrive at the Sandbourne Admissions Suite a nurse will check you in. Please note your admission time is not the time you will be going into theatre. Prior to your operation there is paperwork that is necessary to go through, this includes a consent form. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation, accompanied by a member of our nursing staff. You will be asked to remove any loose items such as dentures, glasses and false nails prior to your surgery.

Your surgery

Anaesthetic

A Knee MUA is performed under a general anaesthetic. This means you will be unconscious throughout the operation. You may also have a nerve block which will assist with pain control. The nerve block will affect sensation and sometimes muscle strength in the leg. It can take 24 to 48 hours before this wears off completely.

Surgical Procedure

An MUA is a joint-mobilisation technique in which a surgeon manipulates the knee joint. The MUA process causes the scar tissue that has formed in the joint to break. There is no invasive surgery involved, meaning that no cuts to the skin are made when the manipulation is performed.

What happens after the operation? (while I am in hospital)

It is likely you will stay in hospital for one night after your operation; however it can be longer depending on your recovery. You will be seen by a physiotherapist who will set up a CPM machine for you to use during your stay in hospital. CPM stands for Continuous Passive Movement. This machine will slowly bend and straighten your knee for you, to help you maintain the extra movement achieved during your operation. You will be encouraged to use this as much as possible during your admission, including overnight.

After your surgery

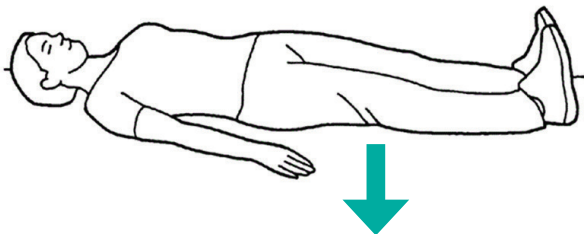
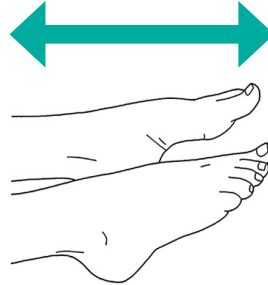
Physiotherapy

A physiotherapist will come to see you after your operation to set up the CPM machine, teach you the following exercises and help you walk for the first time after the operation.

It is very important that you continue your exercises every 2 hours when you go home to maintain the extra movement that was achieved during your operation.

Exercise 1: Ankle Pumps

When lying or sitting, bend and straighten your ankles briskly. Repeat this 10 times (each hour for the first day).



Exercise 2: Static quads

Lie or sit with your legs straight out in front of you. Pull your toes towards you and push your knees down firmly against the bed. Repeat this 10 times.

Exercise 3: straight leg raise

Lie or sit with your legs straight out in front of you. Pull your toes towards you, keep the knee straight and slowly lift the leg a little way off the bed. Hold for three seconds then slowly lower the leg back down to the starting position. Repeat up to three sets of 15 lifts or until your muscles get tired.



Exercise 4: Knee Flexion in sitting

Sit on a chair with your feet on the floor. Slowly bend your knee as far as you can by sliding it back along the floor. You should use the other leg to assist you by placing it in front and using it to push your operated leg back further. You should hold this position for up to 20 seconds. Repeat this 10 times.



Exercise 5: Knee extension

Sit on a chair with your foot resting on a stool. Leave your knee unsupported to let your leg straighten fully. Keep your leg in this position for up to 15 minutes or for as long as you are able.

Exercise 6: Lunges onto a step

Stand in front of a step. Put your operated leg up onto the step, keeping your other leg on the floor. Gently lean your body weight forward over the stiff knee to increase the bend. Hold for 20 seconds.



Exercise 7: Knee flexion stretch

Lying on your back, bring your knee up towards your chest. Use gentle pressure on your shin to stretch your knee. Hold for 5 seconds. Repeat 5 times.

Walking after your knee MUA

It is important that you can walk safely and comfortably following your knee manipulation. If you are in pain or feel unsteady then you will be shown how to use elbow crutches or walking sticks. These allow you to put less weight through the joint and assist your balance.

If you have stairs or steps at home we will ensure that you can manage these safely with or without crutches.

How to go up and down steps or stairs

To go up a step or stairs:

- Step up with the 'good' leg
- Then bring the operated leg onto the same step
- Lastly bring your crutch(es) onto the same step

To go down a step or stairs:

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the same step
- Lastly bring your 'good leg' onto the same step

What happens when I go home?

Rest

It is important to establish a balance between the amount that you exercise and the amount that you rest. To help control swelling we advise that you raise and rest the operated leg on a stool or something similar regularly throughout the day.

In addition you may also use an ice pack on your knee to help with swelling and pain. The ice pack can be applied for 20 minutes every two hours. Ensure the ice pack is wrapped in something like a tea towel so that the ice pack is not in direct contact with the skin (a bag of frozen vegetables works well if you do not have an ice pack).

Outpatient Physiotherapy

Following your knee manipulation you need to have outpatient physiotherapy. This is generally arranged for you at your nearest hospital. This will be discussed with you during your admission.

Clinic Review

A follow-up appointment with your consultant's team will be made for you. You will receive details of this appointment in the post following your discharge from hospital. The appointment is generally made for between 2 to 4 weeks following your operation.

Return to activities

Only return to your usual activities when you feel ready and comfortable. You should slowly return to activities as you feel able. You may have some discomfort, this is to be expected. Continue to take your painkillers as advised by the nursing staff. Rest, elevation and ice will also help.

Driving

It is important you do not drive for at least 48 hours following your surgery. After this time it is then your decision when you feel able to resume driving. You must feel you have the strength and confidence to be in complete control of the vehicle, including acting in an emergency situation i.e. perform an emergency stop safely. You should check your insurance policy too as you may need to inform your insurance company of your operation.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to notes down these questions and any instructions given to you by your surgeon or physiotherapist.

What should I bring with me to hospital?

What to take

- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful contacts

Royal Bournemouth Switchboard	01202 303626
Sandbourne Suite	0300 019 6104
Ward 7	0300 019 6276
Ward 12	0300 019 4770
Derwent Ward	0300 019 6223
Pre-Assessment	0300 019 4102

Additional Notes

Exercise images courtesy of RG PhysioTools

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