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Physical health problems experienced in the early postoperative recovery period following total knee replacement

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KEYWORDS

Total knee replacement;
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Abstract Background: The length of stay in hospital following total knee replacement is markedly shortened due to fast-track programmes. Patients have to be responsible for their recovery at a very early stage. The aim of this study was to investigate the prevalence of physical health problems and the level of exercising in the early recovery period after discharge from hospital following total knee replacement.

Method: A cross-sectional survey was conducted using a questionnaire. A total of 86 patients were included following first-time elective total knee replacement. Descriptive statistics were used.

Results: The majority of the patients experienced leg oedema (90.7%). Secondary to this were pain (81.4%), sleeping disorders (47.7%) problems with appetite (38.4%) and bowel function (34.9%) were the most frequently identified physical health problems. In total, 69.8% of the patients indicated that they did not exercise or only partly exercise as recommended, but without associated experience of pain.

Conclusion: Patients experienced a wide range of physical health problems following total knee replacement and deviation from recommended self-training was

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identified. These findings are valuable for health professionals in regard to improve treatment as well as patient education and information.
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Editor's comment

There is a rapidly growing body of literature that examines the issues and outcomes related to fast-track approaches to the care of patients undergoing arthroplasty. This paper further contributes to that discussion by exploring the health problems and mobility difficulties that patients experience as a result of these newer approaches to care and shortened length of stay. It is essential that practitioners are aware of the problems such innovations create for patients so that plans can be made to mediate them as much as possible as part of the care process. Studies such as this illuminate these issues and enable clinicians to better understand the needs of the patient throughout the care journey and beyond.

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Introduction

The number of patients who need knee replacement has increased during the last decade. It is estimated that 1.4 million knee replacement procedures will be performed in 2015 worldwide (Sorci, 2012). In Denmark approximately 9000 procedures are performed annually (Danish Knee Arthroplasty Register, 2012). The main clinical indication for total knee replacement (TKR) is osteoarthritis (Carr et al., 2012) which causes severe pain and substantial functional disabilities, leading to a decrease in health-related quality of life (Ethgen et al., 2004). The mean age for Danish patients who require TKR is 67 years. Twenty-two percent of patients are younger than 60 years old and 59% are female (Danish Knee Arthroplasty Register, 2012). The surgical intervention is a common procedure which, despite low level of mortality and complications, involves severe surgical trauma and a protracted recovery (Salmon et al., 2001). Three to six months after TKR physical health status is markedly better for the majority of patients compared to the pre-operative level (Ethgen et al., 2004).

The implementation of fast-track programmes in Denmark for surgical procedures has reduced the length of stay in hospital following TKR from around 11 to 4 days between 2000 to 2009 (Husted et al., 2012). The length of stay is now 3 days in several surgical centres (Kehlet and Soballe, 2010) with an actual intention of reducing length of stay to 1–2 days (Husted, 2012).

Fast track programmes

The principles of fast track recovery programmes for TKR are based on perioperative care, multimodal pain treatment, aggressive postoperative rehabilitation including early mobilisation and early oral nutrition (Husted and Holm, 2006) and motivation of patients to be active participants (Husted 2012).

The Department of Orthopaedic Surgery at Gentofte University Hospital is a specialised ward for patients receiving knee or hip replacements. A total of 632 primary TKR procedures were performed in 2011 (Danish Knee Arthroplasty Register, 2012). Due to implementation of the fast track programme TKR patients are admitted to the ward on the day of surgery or the evening before if the travel a long distance to the hospital. All preparatory examinations and tests are performed in the outpatient clinic. Patients also attend a multidisciplinary education seminar before admission. The seminar is conducted by a surgeon, an anaesthesiologist, a physiotherapist, an occupational therapist and a nurse. It is focused on the surgical intervention, anaesthetic, possible complications and risks, pain management, the admission course and expected length of stay, introduction to the physical exercise training and equipment.

Discharge from hospital is scheduled 2–3 days post-surgery. Patients are referred to physiotherapy in the community setting and instructed to complete a self-training programme until they start physiotherapy. Removal of stitches or staples is

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