

BILATERAL HTOs

BEFORE OPERATION

Wheelchairs:

Get weeks before the operation and try in the house, see which doors are OK or not, and which steps need ramps making. Steps upto 2.5 inches or even more can be negotiated simply by leaning back, using your hands, for the front wheels, then leaning forward when the back wheels are being pulled up. Making simple stepped ramps of varied width does help though. If living on two floors, get two: either buy (and easily re-sell when done) from a mobility shop, or hire slightly more rickety ones from Red Cross for about £20. Remove the foot rests: they scuff doorways and get in the way and you will be able to propel yourself with your feet from day 1 without problem anyway.

They fold and are easily transported in most cars.

Check that the hospital understand that you will be non-weightbearing, and whether they have wheelchairs available, otherwise take yours in.

When you obtain a wheelchair, also get a broad metal chair for the shower, about 2 feet high and with side handles, ie not a stool.

IN HOSPITAL

Urination: If you have prostatism, eg if you get up to pass urine several times at night and/or have to stand to fully empty your bladder, ask for a catheter to be inserted in theatre, which will help enormously overnight, and removed later the next day. The staff may not ask you about this.

Analgesia: You will have pain, and you will be given analgesia! If your spinal anaesthetic works, the analgesic in this gives you good relief overnight usually. There is a natural tendency for oral analgesia this to be not involve anything stronger than codeine 60mg (2 tabs), which is taken with 2 paracetamols, as there is worry about side effects and addiction, but if your pain is not controlled with this, they should give something stronger. I needed Tramadol, and needed an extra night in hospital (3) to get this and relief.

Nausea: Opiate analgesics are not used unless absolutely necessary, and therefore nausea and vomiting are not usually a problem. There is a small amount used in your spinal anaesthetic, and this sometimes makes people nauseous, women more susceptible than men. I had non.

Wheelchair: Insist on using this.

Swelling: You will have compression stockings to help swelling and blood return in your veins, and also calf (sometimes foot) pumps. The pumps really helped me: one night (2) they were left off, resulting in swelling and pain of all the legs below the knees; the next one they were on, with no swelling and much less pain. If I had known just how effective they were (rather than just being used for anti-venous clotting), I would have hired or bought one of these for the first week at home. (The machine is called a Flowtron, but you need the calf wraps as well).

You will also be given ice packs as wrap arounds, "cryocuff" for the swelling and pain. These can be attached to an ice "bucket", which requires refilling probably every hour, and this is used to fill and then empty the wrap. The wrap remains effectively cold for about 20 minutes only. The other option is to fill the wrap and put it in the freezer. Although you can do the filling and application yourself, the freezing of either methods may not be done as frequently as is necessary for effectiveness if the staff are busy. The effectiveness is variable; I was less impressed with this treatment than other patients have been.

Time in: Your booked stay will probably be 2 nights. If all the above work well, this is fine. If not, don't feel bad about staying another night, as I had to. Hospital statistics are not as important as you.

AT HOME

Analgesia: Paracetamol 2tabs (1000mg) four times a day is the base treatment, to which stronger ones are added, ie Codeine 30 or 60mg four times a day. You may need Tramadol, one or two tabs (50-100mg) three times a day instead of the Codeine. Another base treatment for two weeks is Gabapentin, 300mg three times a day, which helps sleep and the action of the analgesics. The best thing to do is manage your pain and the drug side effects yourself, as long as you do not exceed the maximum daily dose, as stated above. The side effects of them are: Paracetamol, non or minimal at above MAXIMUM dose; Codeine, drowsiness and constipation; Tramadol, hallucinations, only really seen in the elderly, which you are not; Gabapentin, drowsiness and nausea, at least it did for me. My example of self management was to use Paracetamol as above for 2 weeks, and after trying various combinations settled on Tramadol first thing and after lunch, and Codeine 30 or 60mg at night, with Gabapentin 600mg also at night, the latter tailing to 300mg for another week. I also used Ibuprofen 400mg three times a day for a week. This is an anti-inflammatory and helps your knee pain particularly, which you will have because of the arthroscopies. However, they do inhibit bone healing, so stop as soon as you can.

Use the cryocuff as often as you can, but do not leave them in the freezer for MORE THAN 10 MINUTES.

For possible help for bone healing, I took Vitamin D3 one tab per day. This is not a proven help, but I was on other bone inhibitors, and it was winter, when Vitamin D is not produced in the skin due to poor sunshine.

Constipation: Lactulose 15ml once daily helps.

Anti-clotting: Wear your compression stockings day and night for as long as possible, at least 4 weeks. They are easier than expected to get on yourself after about a week, when your knee pain decreases, unless you have arthritic hands or wrists. You will be given 2 pairs.

You will give yourself heparin injections into your stomach fat for two weeks, as shown in hospital. These do not hurt!

Transferring from the wheelchair: Easier than you imagine. By using sink, radiator, and or a crutch this can be done to toilet, bed chair without too much problem. I thought it might be, and tried out a "banana" board, a 2 to 3 foot long curved (yellow!) plastic board obtained from the Physio dept. Its only function was to give confidence pre-op. It was unused.

Stairs: Not a problem. On your bottom, using your arms as the main motor, but some pressure with the legs is fine from the start.

Toilet: wiping your bottom is not a problem: no aids are necessary. Just sit, and move, forwards.

Urination at night: Having a plastic 2 pint bottle by the bed saves visits to the toilet if you have this problem.

Washing: At a sink in the chair. When the dressings are off and the wound is healed (at least by 12 days when the clips come out), shower (or bath). Get the chair as close as possible, then the transfer to the side handled shower seat is OK.

Exercises: You will be given a sheet. Don't worry about being religious about these in the early stages: your calf and thigh muscles will shrink, but the time to build them up with exercises is when the pain improves around when you start weight-bearing. If you have a cycle "turbo" or an exercise

bicycle, these will be good then. My regular exercise was sit ups from week 2 and arm exercises with an 8Kg weight!

Boredom: your worst problem by far. You will be able to do some things like garden furniture renovation (indoors), but get some good books, easy to read in the early weeks as you'll find concentration difficult, and anything else you can. I wrote a book on mountain biking. The time passed quickly. Needless to say, your partner's cooperation and understanding is paramount.

Remember, we are all DIFFERENT: age; strength; degree of wedge opening of the tibiae; pain tolerance; medication tolerance, so milestones will be different also.

(Personal diary

Yuckiness till dropped gabapentin at lunchtime, then night only, at 1w.

Cocodamol introduced around 3w at lunchtime, then analgesics only tds.

Standing better and muscles felt like muscles around 3.5w.

Standing to pee comfortably 3w 6days.

Analgesia stopped (not deliberately, vomiting), 4w 3d, OK afterwards.

Crutches 5w.)