Hip and Knee Arthroplasty - Post Operative Mobilisation - Full Clinical Guideline

Reference no.: CG-L/2023/004

Purpose

To provide a consistent approach to the mobilisation of patients following primary hip or knee replacement in order to minimise the risks associated with prolonged immobility following orthopaedic surgery, in particular the risk of venous thromboembolism.

Aim and Scope

Registered practitioners (of the trauma and orthopaedic department) involved in the care and management of patients following total hip and total knee replacement.

Improvements in surgical techniques, quality of prostheses and early ambulation has led to improved outcomes for patients following primary joint replacement surgery.

Early ambulation is the most significant general nursing measure to prevent postoperative complications. The benefits include a decrease in venous stasis, stimulation of circulation, prevention of deep venous thrombosis/pulmonary embolism, increases in muscle tone, coordination and independence, and improved gastrointestinal, genitourinary and pulmonary functions.

Guiding Principles for Mobilisation

- All patients should have adequate methods of analgesia and have a pain score of 0-1 prior to exercising/mobilisation. Patients with a higher pain score should have this addressed.
- Concerns regarding a patients ability to weight bear following anaesthetic nerve block should be relayed to the medical team
- Patients should be instructed in static exercises whilst still in bed to promote muscle tone and prevent joint stiffness.
- All patients will require post-operation x-rays to be taken but these do not usually require to be viewed prior to mobilising unless specified by the Consultant.
- **Uncemented prostheses will need x-rays to be reviewed prior to mobilisation**
- All patients to be mobilised out of bed within the first 24 hours of surgery unless specified within the operation notes or this is contraindicated by the patients' physical condition.
- Patients operated on during morning list may be mobilised on the same day as surgery and patients having afternoon surgery may mobilise early the following day.
- Wherever possible, patients to be mobilised on more than one occasion during the first 24 hours post surgery

- Patients should be encouraged to sit on side of bed and touch affected limb to floor prior to mobilisation to reduce the effects of orthostatic hypotension. It may be beneficial to instruct the patient to flex and extend the unaffected limb.
- Whenever the first attempt to mobilise a patient has been unsuccessful, the probable cause should be addressed and a second attempt to mobilise the patient the same day should be made.
- Delays to mobilise a patient within the first 24 hours should be recorded within the nursing and/or therapy notes and discussed with the senior medical team

Consultant Protocols

Consultant	THR	TKR	SPECIAL INSTRUCTIONS
Tarek Abuzakuk	Within 24 hrs	Within 24 hrs	x-rays do not need to be seen unless uncemented
Rajendra Bommireddy	Within 24 hrs	Within 24 hrs	
Denis Calthorpe			
David Clark	Within 24 hrs	Within 24 hrs	X-rays to be viewed prior to mobilising
Tim Cresswell	Within 24 hrs	Within 24 hrs	
Marius Espag			
Guido Geutjens		Within 24 hrs	
Peter Howard	Within 24 hrs	Within 24 hrs	x-rays do not need to be seen unless uncemented
James Hutchinson	Within 24 hrs	Within 24 hrs	
Zdenek Klezl			
Damien McDermott	Within 24 hrs	Within 24 hrs	X-rays to be viewed prior to mobilising
Steve Milner	Within 24 hrs	Within 24 hrs	
Simon Pickering	Within 24 hrs	Within 24 hrs	x-rays do not need to be seen unless uncemented
Rohan Rajan	Within 24 hrs	Within 24 hrs	
John Rowles	Within 24 hrs	Within 24 hrs	
Arthur Stephen	Within 24 hrs	Within 24 hrs	THR X-Ray to be viewed prior to mobilising
Robert Straw	Within 24 hrs	Within 24 hrs	
Amol Tambe	Within 24 hrs	Within 24 hrs	x-rays do not need to be seen unless uncemented
Mohan Utukuri			
Tim Wilton	Within 24 hrs	Within 24 hrs	

References

Action On Orthopaedics and the Orthopaedic Services Collaborative (2002), *Improving orthopaedic services: a guide for clinicians, managers and service commissioners,* NHS Modernisation Agency, London.
(www.wise.nhs.uk/sites/clinicalimprovcollab/orthopaedics/Document%20Library/1/Improving%20Orthopaedic%20Services.pdf).

British Orthopaedic Association (1999), *Primary Total hip replacement: a guide to good practice (Revised 2006),* BOA, London (www.boa.ac.uk).

British Orthopaedic Association and British Association for Surgery of the Knee (1999), *Knee replacement: a guide to good practice,* BOA, London (www.boa.ac.uk).

Chandrasekaran S (2010) Early mobilisation after total knee arthroplasty reduces the incidence of post-operative deep vein thrombosis. . *J Bone Joint Surg Br.*2010 92-B, Issue SUPP_I, 196.

Lewis S. L., Heitkemper M. M., Dirksen S. R. (Eds.). (2004). Medical-surgical nursing: Assessment and management of clinical problems (6th ed., pp. 401-407). St. Louis, MO: Mosby.

Pearse et al. (2007) Early mobilisation after conventional knee replacement may reduce the risk of postoperative venous thromboembolism. *J Bone Joint Surg Br.*; 89-B: 316-322

Price P. (2006). Physiologic effects of first-time sitting among male patients after coronary artery bypass graft surgery. Dynamics, 17(1), 12-19.

Documentation Control

Development of Guideline:	Nursing Staff, Trauma and Orthopaedics
Consultation with:	
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