



SAIPH<sup>®</sup> Knee System

# PATIENT GUIDE

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## Contents

An Overview of the Knee	3
Surgical Procedure	4
In The Hospital	5
Discharge From Hospital	6
At Home	8
Diet	8
Medication	8
Resuming Normal Activities	9
Return to Work	11
Other Activities	12
Do's & Don'ts	13
Other Questions to Ask Your Surgeon	13
Disclaimer	14
Notes	15

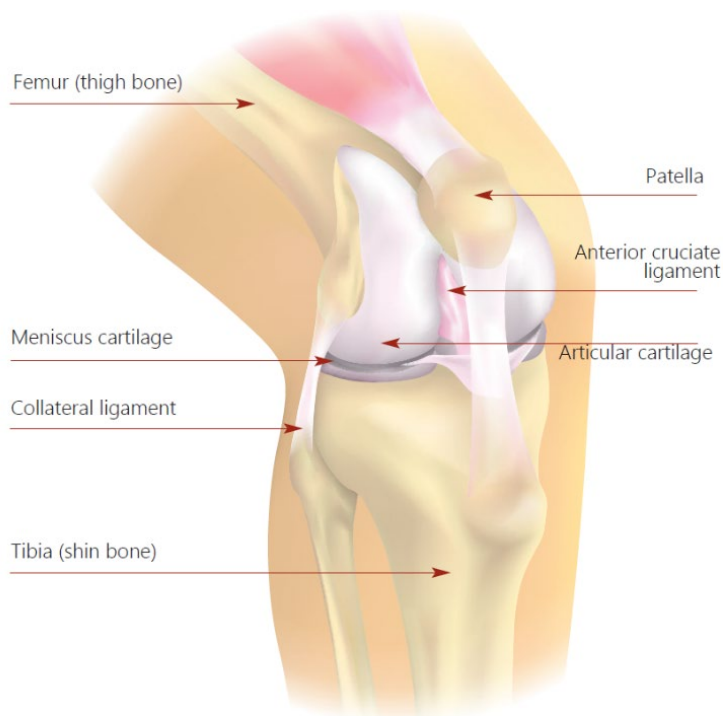
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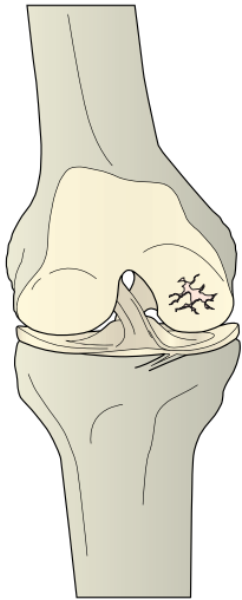
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## An Overview of the Knee

Your knee is the largest joint in your body and one of the most easily injured. In a normal, healthy knee, the bone surfaces that come together at the joint are smooth and hard and a cushioning tissue called articular cartilage prevents these bones from rubbing against each other. This tough layer of tissue allows the three bones to move without creating friction or wear on the bone surfaces.



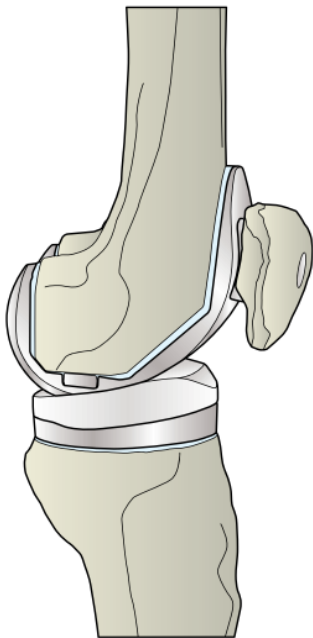
When this surface is damaged or worn away, your bones rub together causing friction, pain and eventually deterioration of the bone surfaces. In some people, all the bone surfaces may be damaged. In others, only the inner or outer aspect of the joint may be damaged.



The most common cause of damage to your cartilage is osteoarthritis. Commonly referred to as wear and tear arthritis, osteoarthritis can set in over time and cause pain and stiffness. Discomfort may be felt when bending or putting pressure on the knee such as when walking or going up or down stairs. Eventually the pain may become nearly constant. Medication and walking aids may help temporarily but sometimes the only long-term solution is knee replacement.

### **Surgical Procedure**

During a total knee replacement, the surgeon removes the damaged surfaces of the knee joint and fixes the replacement components in place. The surface of the upper bone is replaced with a rounded metal component that comes very close to matching the curve of your natural bone. The surface of the lower bone is replaced with a flat metal component and a thin flat shaped polyethylene plastic to serve as the cartilage. The underside of the kneecap (patella) may be replaced with a polyethylene plastic component.



The surgery starts with an incision over the knee which exposes the joint. Special guides and instruments are used to remove the damaged surfaces and create the fit for the implants. The implant is then secured to the bone(s). It may be necessary to realign the surrounding knee ligaments to achieve the best knee function. When the surgeon is satisfied with the fit and function of the implants, the incision will be closed.

## In The Hospital

One of the aims of knee replacement is to restore mobility and enable you to resume hobbies/activities you may have had to give up.

A knee replacement is a major operation. Whilst rest is important, it is also important to get out of bed and mobilise (under supervision) to reduce digestive/circulatory problems and encourage healing.

Both your doctor and your physiotherapist will be on hand to give specific advice on pain control, wound care, diet, exercise and how much weight you can apply to your operated leg (weight bearing). Your doctor may order a machine to help begin to move your knee up and down.

Usually, a physiotherapist will visit you on the day after your surgery and teach you how to use your new knee. It is important that you get up and about as soon as possible after surgery.



Even when lying in bed you can “pedal” your feet on a regular basis to promote blood flow in your legs. It is during your stay in hospital that your physiotherapist will help you to achieve the activities such as:

- Moving about (using a frame or crutches), getting in and out of bed, walking and going up and down stairs.
- Performing everyday activities such as showering and using the toilet.
- Using a programme of exercises to increase your range of motion and strengthen your knee.

## **Discharge From Hospital**

Depending on how well you heal after the surgery, your stay in hospital can vary and you will need help at home for several weeks.

The following tips can be useful in making your return home more comfortable:

- Place items that are used regularly at hand height.
- Avoid very high or very low shelves as these may require the use of steps or kneeling.
- Position furniture so you can manoeuvre with a frame or crutches and prevent falls or tripping.
- Remove rugs and place non-slip mats in your bath. It may even be worth changing rooms around by placing a bed downstairs to reduce the use of stairs.
- Ideally make sure you have a good chair with arms, that is both firmer and higher than a normal low seated chair as these are safer and more comfortable. However, it should not be so high that your legs dangle or lead to pressure on the back of the thigh.
- Installing a gripping bar and a non-slip mat in the shower is sensible; and a raised lavatory seat may be added if required.

- Use assistive items such as a long handled shoehorn, long handled bath sponge or a grabbing tool to avoid bending over too far.
- Get someone to assist you putting on your socks and tying your shoelaces.
- Do not sweep, mop or vacuum until your doctor tells you it is safe to do so.
- You may ride in a car but only if you follow the doctor's instructions for entering and exiting the vehicle. Raise the seat with pillows to protect your hips and knees.
- Your doctor will inform you when you can drive.



**Figure 1** StockLite/Shutterstock.com

## **At Home**

Calf pain, chest pain or shortness of breath can be a sign of a possible blood clot. Notify your doctor immediately if you notice any of these symptoms. If sutures are used you can shower with a water-proof dressing. Avoid bathing for 6 weeks.

A dressing will be applied in the hospital and should be changed as necessary. Ask your doctor how to change the dressing if you are not sure.

If the wound appears red or begins to leak, notify your doctor. It is normal to have swelling for the first 3 to 6 months after surgery. Wear loose clothing to avoid pressure on the incision. Ask your doctor or healthcare specialist about appropriate wound care.

## **Diet**

By the time you go home from the hospital, you should be eating a normal diet, which should include fresh fruits and vegetables. Your physician may recommend you take iron and vitamin C supplements. Continue to watch your weight to avoid putting more stress on the joint.

## **Medication**

Take all medication as directed. You may be given Anti-Embolism Socks and be prescribed blood thinning medication to prevent formation of blood clots. Anti-Embolism precautions, including regular exercise should continue for 6 weeks. It is especially important to prevent any infection from getting in your wound. You should be given a medical alert card and take antibiotics whenever there is the possibility of infection – for instance when having dental work done. Be sure to notify your dentist you have had a recent knee replacement and let your surgeon know if your dentist schedules an extraction, periodontal work, dental implant or root canal work.

## Resuming Normal Activities

Once you get home you should continue to stay active as prescribed by your healthcare physician/physio. The key is to not overdo it. You should expect good days and bad days but notice a gradual improvement over time. In general, the following guidelines should apply, though check with your surgeon for more clarity.



**Figure 2** iStock.com/Halfpoint

***Weight bearing:*** Be sure to discuss weight-bearing restrictions with your physiotherapist. Their recommendations will depend on the type of implant and other factors specific to your situation.

***Walking:*** The procedure is: First move the aid forward, then step with your operated leg and then move your un-operated leg. As your walking improves the physiotherapist will progress you to walking with crutches. You will probably need to use crutches for 3 weeks after your operation, then you may progress to a stick for a while.

***Sitting:*** For at least the first 3 months, sit only in chairs that have arms. Do not sit

on low chairs, low stools, or reclining chairs. Do not cross your legs. The physiotherapist will show you how to get in and out of a chair keeping your operated leg out in front of you.



**Figure 3** Monkey Business Images/Shutterstock.com

**Stairs:** Your GP and physiotherapist will give you advice on when you should start climbing stairs. The method for doing so is as follows:

- Put your un-operated leg on the step above and then lift your operated leg followed by the crutches.
- Downstairs – You do the reverse - crutches first, then your operated leg followed by the un-operated leg.

**Driving:** As a guideline, you should not begin to drive for 3 – 5 weeks (provided you are no longer taking any medication for pain or using walking aids). Your consultant will advise you on when you are capable of driving – which will depend upon your individual circumstances. Some insurance companies insist on you being given verbal permission from your consultant before you are insured to drive again.

*How to get in and out of car:* Move the seat back as far as possible and make sure you get into the car from the road and not the pavement. Get into the car bottom first. You may use your left hand on the seat back and the right on the seat or side of the door. Gently lower yourself, keeping the operated leg a little further out. Slide back onto the seat as far as possible before swinging your legs in.

*Sexual relations:* Can be resumed 4 to 6 weeks after surgery or when your consultant advises you it's safe to do so.

## Return to Work

Return To Work The length of time it takes for you to return to work depends on the type of activities you perform but typically varying from anywhere between 6 weeks to 3 months.



## Other Activities

You can return to walking once your physiotherapist gives you the go ahead but do remember walking is no substitute for your prescribed exercises. As soon as the stitches have been removed and the wound is absolutely dry you can begin swimming provided appropriate aids are present, (pools with step ladders to get in and out are not recommended and avoid twisting movements to begin with).

Avoid activities that place stress on the joint such as lawn bowls, tennis, badminton, horse riding, any contact sports or jogging until discussed with your consultant at your follow up appointment. Do not do any heavy lifting.



**Figure 4** Song\_about\_summer/Shutterstock.com

Your Physiotherapist will provide you with a list of dos and don'ts to remember for your new knee. These precautions are necessary to prevent early failure of the new knee and to enhance proper healing.

## Do's & Don'ts

- ✓ Do keep the leg facing forward at all times
- ✓ Do keep the operated leg in front of you as you sit or stand
- ✓ Do use ice to reduce pain and swelling, but remember that ice will reduce feeling (don't apply the ice directly to the skin use an ice pack or damp towel)
- ✓ Do cut back on exercises if your muscles begin to ache, but don't stop doing them!
  
- ✗ Don't turn your feet excessively inward or outward
- ✗ Don't stand pigeon toed (toes inwards)
- ✗ Don't stand for long periods of time
- ✗ Don't use pain as a guide for what you can or cannot do
- ✗ Don't cross your legs for at least 8 weeks

## Other Questions to Ask Your Surgeon

How long will my operation take?

What kind of anaesthesia will I receive?

What should I bring to the hospital?

Should I arrange for someone to drive me home or stay with me afterward?

What time should I arrive on the day of my surgery and where do I check in?

How do I contact someone if I have any questions about my recovery?

## **Disclaimer**

This guide is for informational purposes only. Your healthcare team will tailor your treatment plan to your individual needs.

**Notes**



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