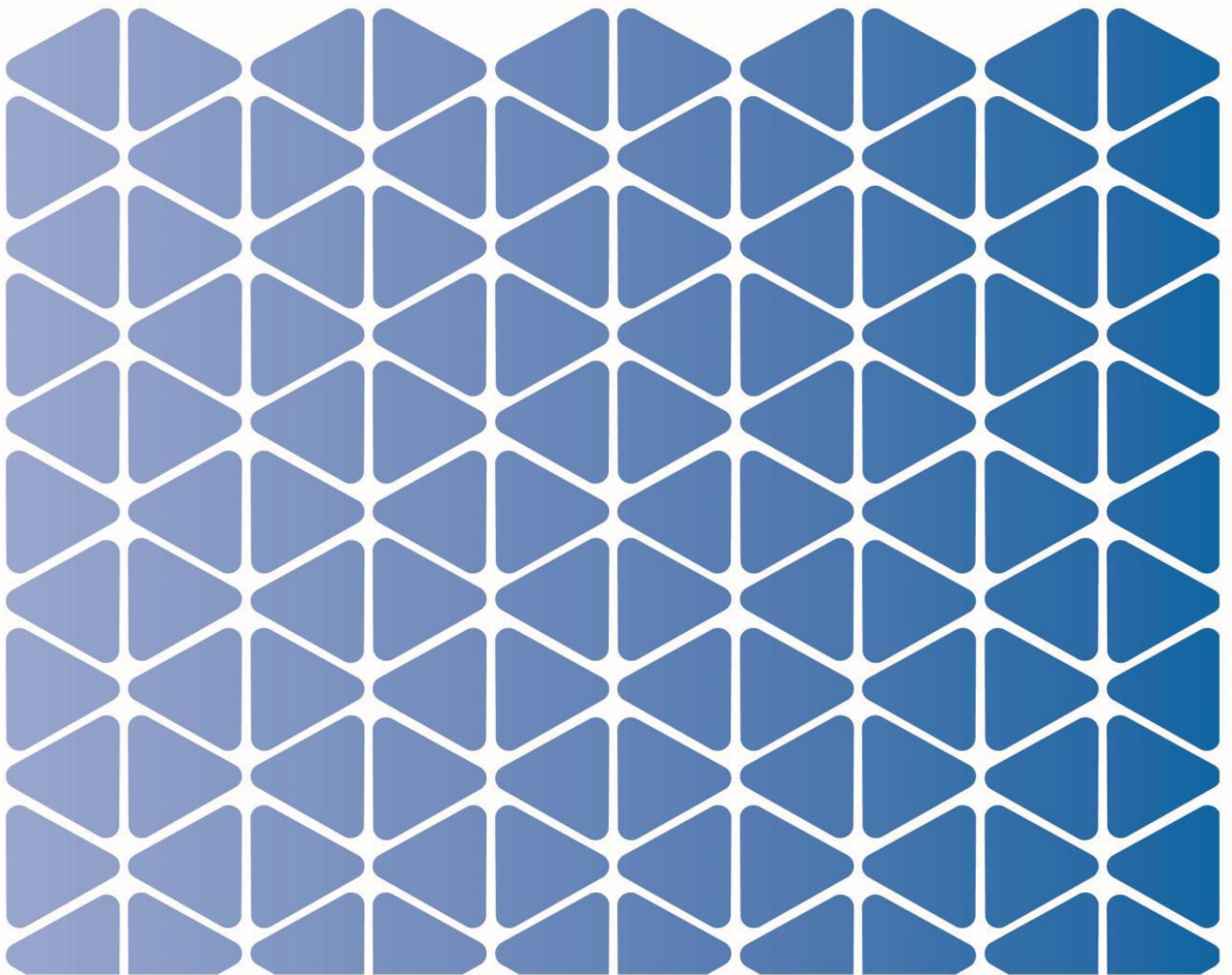


PATIENT INFORMATION

MANIPULATION UNDER ANAESTHETIC (MUA) OF YOUR KNEE



The purpose of this leaflet is to:

- Explain the reasons why you need an MUA of your knee;
- Explain what the surgery entails;
- Describe what you should expect after the surgery; and
- Describe the importance of carrying out exercises as part of your rehabilitation after the procedure to prevent the joint stiffness returning.

Why do I need an MUA?

Sometimes, the knee joint can become very stiff and sore. This can occasionally happen after knee surgery, most commonly a Total Knee Replacement, where the movements have been difficult to regain. It is thought to be due to scar-like tissue forming in the joint capsule causing restrictions. This can mean that you have difficulty with the movement in your knee and can make your day to day activities difficult to perform.

What is an MUA?

A manipulation under anaesthetic is a non-invasive way of restoring the range of movement at the knee. Non-invasive means that no surgical incision is made and therefore there will be no wound. Whilst you are under anaesthetic, the surgeons will 'manipulate' or move the knee joint through flexion (bending) and extension (straightening) in order to loosen it and reduce pain and stiffness.

What should I expect after my surgery?

Mobilisation

You will aim to be walking around a few hours after your surgery as long as your leg is not numb, the nursing staff can help you to get out of bed. You don't necessarily need any walking aids but you can use them if you did so before your MUA or if you find walking difficult after your surgery.

Pain Relief

A nerve block is sometimes used during surgery which means your limb may feel numb immediately after your operation. It is normal to feel some pain as the block wears off and you will be provided with some painkillers to help with this. It is important to take these painkillers as prescribed to keep your pain to a minimum and enable you to carry out your exercises which will help maintain the increased movement achieved during the operation.

Ice

Ice can be very helpful to reduce pain/swelling. You should not use ice on your knee whilst it is still numb as there is a risk of suffering an ice burn. Wrap a bag of ice cubes/frozen peas in a damp towel and apply for 10-15 minutes. This can be repeated every 3-4 hours. As an MUA is usually non-invasive you should have no surgical wound, however if you still have dressings on your knee from the original knee replacement surgery you should protect these from getting wet with a plastic bag or cling film.

Continuous Passive Movement (CPM)

Sometimes a Continuous Passive Movement (CPM) machine may be used after the operation to help keep your knee moving. It can be set up either in the recovery room immediately after the operation or on your return to the ward. The CPM machine helps to maintain the movement achieved during the operation by moving your leg for you within a set range of movement. It is still important to also carry out your active exercises as well though.

Length of stay

An MUA can be carried out as a day case surgery but some patients may need to stay in hospital longer depending on the post-operative advice given by your surgeon and how soon you reach the range of movement achieved in surgery, on the ward.

Rehabilitation

It is essential that you begin to move the knee as soon as possible to maintain the amount of movement achieved during the operation. The more that you move your knee in each direction the more likely you are to achieve a good outcome and have less pain overall.

You will see a physiotherapist on the ward before you go home who will teach you some exercises (see below) that you must continue at home. You should expect to feel some discomfort whilst carrying out the exercises as this shows that you are stretching the knee fully, but this should be tolerable and you should continue to take your pain relief as prescribed to help ease this. To achieve the best results you should aim to carry out the exercises every waking hour. Although the main movement to work on is bending your knee, it is also still important to try and fully straighten your knee.



Active knee flexion

Lie on your back with your legs straight.

Bend your knee by sliding your heel towards your buttocks and return to the starting position.

Repeat 10 times.



Active knee extension

Lie on your back with one knee bent and the other knee straight.

Pull the toes on the straight leg up towards you and press the back of your knee into the bed/floor (as appropriate) using your front thigh muscles.

Hold the tension for 5 seconds then relax.

Repeat 10 times.



Seated knee flexion

Sit up straight on a sturdy chair so that your feet are supported on the floor. Slide your foot backwards on the floor and bend your knee as much as possible.

Hold for 5-10 seconds then return to the starting position.

Repeat 10 times.



Self-assisted seated knee flexion

Sit up straight on a sturdy chair.

Cross your ankles, with the assisting leg on top of the other. Use your assisting leg to bend your affected knee as much as possible.

Hold for 5-10 seconds then return to the starting position.

Repeat 10 times.



Seated knee extension

Sit up straight on a sturdy chair so that your feet are supported on the floor.

Pull your toes up towards you and straighten your knee using your front thigh muscles. Hold the position for 5 seconds. Slowly lower your foot back down to the floor.

Repeat 10 times.

Discharge Information

Your Consultant will give you guidance on when you can return to work, activities and driving. Your Physiotherapist will be able to give you guidance on returning to sporting and leisure activities as your movement and muscle strength improves.

You will also be referred to see a physiotherapist as an out-patient at your local hospital after you have been discharged home to continue your rehabilitation and to regularly check your movement. It is very important that you attend this appointment to ensure the best possible outcome following your surgery.

Your Out-Patient Physiotherapy Appointment

Date:

Time:

Department:

Contact phone number:

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the Physiotherapy Department between 8:30am and 4:30pm Monday to Friday on the direct dial numbers below:

Worcestershire Royal Hospital

01905 760622 / 760187

Alexandra Hospital

01527 512114

Kidderminster Hospital and Treatment Centre

01562 513066

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.