

The patient experience of a knee arthroplasty –

Referred to as total knee
replacement

August 2025



Introduction

Healthwatch Sandwell (HWS) is the independent voice of the public in health and social care in Sandwell. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services.

Key workstreams for 2025/26

This year we aim to have a positive impact for the communities and the people of Sandwell. We aim to strengthen partnerships with providers and commissioners of services, further increase our public engagement, and raise and escalate these issues to decision makers to affect change.

Having service users, relatives, or clients at the heart of decision making around their care is a fundamental consideration. Not only is it ethically right but has many other benefits including:

- Increased self-worth and confidence
- New sense of purpose
- Better health and wellbeing:
- Increased engagement and trust
- Higher levels of satisfaction with and awareness of services

Key workstream three – The Midland Metropolitan University Hospital – The First Twelve Months

The Midland Metropolitan University Hospital (MMUH) in Smethwick officially commenced operations on 6 October 2024. As part of the regional healthcare restructuring, the Accident & Emergency (A&E) department at Sandwell Hospital was closed on the same day, with all emergency patients redirected to MMUH. Subsequently, the A&E department at City Hospital remained operational until 10 November 2024, after which all emergency services were fully transferred to MMUH. This transition was implemented to improve the efficiency of emergency care services by consolidating resources and specialist expertise within a single facility, as a result improving patient outcomes and simplifying access to critical care.

Purpose of this report

This report evaluates patient experience of a knee arthroplasty, referred to as total knee replacement (TKR) if the whole joint is replaced, or partial knee

replacement (PKR)/unicompartmental knee replacement if only part of the joint is replaced.

This is an operation where the damaged parts of the knee joint are replaced with artificial components (prosthesis)

A knee replacement is classed as elective surgery. This means:

- It is planned in advance
- The patient and the surgeon decide when its needed
- It is done to improve quality of life (reduce pain, improve mobility)not usually to save life

What will be included

- Background
- Decision Making Process
- The Pre-operative Experience
- Hospital Admission Experience
- Surgical and Immediate Post Op Experience
- Rehabilitation and Recovery
- Review

Background

I am a 59 year old patient who underwent a total knee replacement on my right knee due to severe osteoarthritis. Before surgery I struggled with some daily activities such as walking, climbing stairs, and even sleeping. My emotional wellbeing was low as I was unable to take part in activities that I really enjoyed and had been part of my life for many years.

I received communication about the procedures for my surgery through text messages, this method suited me.



However There was no function to give the reason for not attending the appointment, for example: I could not make one of the appointment dates due to being away on holiday. There was a function to generate another appointment but if the new appointment was not suitable and **turned down a**

second time, no further appointments would be available, and the patient would have to be referred again via the GP. I could not be sure that a different date would be suitable so had to call the advised contact number (tried twice and on both occasions, there was a long wait (I was 67 and 52 in the queue). I ended up having to email with the reason for not being able to attend the appointment. Appointments were backed up by post but some of the correspondence via the post came after the appointment dates.

What would Improve this experience

- A recorded call – mobile or land line with the appointment details. A follow up call as a reminder of the appointment.
- A function through the text appointment message to give absent dates for scheduled appointments.
- Ensure that appointment letters sent through the post arrive in suitable time before the appointment date.

Decision making process

Over several years, I tried medication and had arthroscopic surgery. This only helped temporarily. My consultant explained the risks and benefits of a knee replacement, and I felt fully informed. I was nervous but hopeful as the pain was impacting my independence and quality of life.

The Pre-operative Experience

Pre-assessment clinic

The pre-assessment clinic was well organised. The nurse explained blood tests, ECG and swabs and I felt reassured. I was given an information sheet about the steps to take the evening and morning before surgery, a body wash, and some isotonic drinks. I was also informed about other aids that I may need at home post-surgery.



The only issue that I encountered was the nurse who was taking blood was unable to find a vein, although they only had one attempt. I had to attend the phlebotomy service, where there were people waiting for blood tests – not just for pre-op assessments. There were no seats in the waiting room, so I was directed to another waiting room for another service. I waited over an hour and when queried this I was told that I had been called but did not

respond so I had lost my place in the queue. I reminded the person that there were people waiting for blood tests in other areas due to the phlebotomy waiting room being full.

What would Improve this experience

- Pre -assessment patients to be given a priority appointment at Phlebotomy to keep to the pre-assessment appointment time.
- A follow up communication to confirm pre-assessment tests are satisfactory. This would reduce anxiety.

The Hip and Knee club

I was invited to attend this at an in person meeting at MMUH via the post rather than through the text service. The letter arrived the day before the session and said if I did not attend it may result in surgery being cancelled. Luckily, I managed to arrange my working day, so I was able to attend.

The session was facilitated by physiotherapists and was informative. We were told about the surgery and exercises that we needed to do pre and post-surgery; there were also videos to watch which were really supportive for visual learners. We were also told about aids that we would need to support us post-surgery. People who required crutches were measured and allocated crutches. There was plenty of time for questions and answers.

We were also given some written information about a Physio app that we could use to support our recovery.

At the end of the session we were informed that future sessions would be virtual not face to face.



Some of the people who attended the session were having there surgery within a week of the session which meant there was little time for pre op exercises to be effective.

The Physio app(phio) information had a QR code to scan but the quality of the printing was poor, so we were unable to scan the code. However, I was able to download the app but unfortunately, I was unable to register due to my details not being found.

What would Improve this experience

- Appointments to be sent in a timely way.
- Pre surgery exercises to be made available in suitable time.
- Patients to be told about aids they will require at home post-surgery, giving enough time to source pre surgery.
- More explanation about how to use the Phio app.
- Hip and Knee club sessions to remain face to face not virtual.

The Hospital Admission Experience

I received the information about my hospital admission through the text message service.

When I arrived at MMUH I was unable to find the admissions department but was directed by staff at the Welcome Centre.



The booking in room was small and was full, there were no seats available. It appeared that people waiting to be admitted had family/friends waiting with them. There was one family that had six other people with them. There was not a lot of room for personal belongings. There were bags and walking aids in walkways and also on seats.

There was no structure for queuing to register so some people were taking longer to register. Some people were called for pre op preparation before they had registered.

Patients were weighed and measured in the waiting area. A couple of patients were uncomfortable about this and asked for a more private area.

I did not have to wait long before being called into a separate room where I was briefed by a nurse and had my hospital wrist band attached.

I then went into another communal space where I was asked to change into a hospital gown, there was a private room to change. I did not have enough room in my overnight bag for my clothes that I had arrived in, but I was given a plastic bag for them. For previous surgery I had waited in the ward prior to surgery so clothes and personal belongings were already stored. There were other people of mixed gender in the communal area, and we were all waiting for different types of surgery. It was uncomfortable. I did not have to wait long before I was called for

my surgery. I was asked to confirm what surgery I was having; some people were uncomfortable as their surgery was in more personal areas.

I was told that my overnight bag would be collected and taken to the ward while I was in surgery. I was told I could not take my spectacles into theatre.

What would Improve this experience

- More information about the admission process, e.g. overnight bags would be taken to the ward so there needed to be space in the bag for clothes once changed for surgery.
- Patients to be advised that only one person can accompany them to the booking in area.
- The reception area to have a process for booking in.
- The waiting area to be made more comfortable, more chairs are required, and the layout needs to be more accommodating.
- Weight and height measurement not to be taken in a communal area.
- More private areas for patients to wait prior to surgery and for surgery information to be kept private rather than being talked about in front of other waiting patients.
- Patients able to take spectacles with them and to be available in post operative recovery.

Surgical and Immediate Post Op Experience

Surgical

This was a positive experience. The anaesthetist and supporting staff fully briefed me of the next steps. Every procedure was explained before it happened, so I was fully prepared. The surgeon came in to check everything was to their satisfaction and also explained to me what was going to happen when I was taken into the operating theatre. I had to confirm my consent signature which was a little challenging not having my spectacles available.

Once inside the theatre I was informed of the next steps and again everything was explained to me before procedures happened. Theatre staff were friendly and reassuring. I was able to ask the surgeon questions about my operation and was also able to see the robotic arm technology that the surgeon was using to assist positioning a prosthetic implant.

I had a spinal anaesthetic so was awake for the majority of the surgery. Theatre staff were communicating with me during surgery, making sure that I was ok.

What would Improve this experience

- Having spectacles to hand to read any paperwork or on screen information prior to going into the operating theatre.

Immediate Post op recovery

When I woke from the sedation there was a member of staff sitting right by my side. I was asked how I felt and was reassured that all was well. My stats were taken at regular intervals and when it was noted my temperature had dropped, I was immediately warmed up by a forced air heated blanket. I was also given a cup of tea and some biscuits. The person who was caring for me was very friendly and explained the next steps – that I would go for an Xray to check on the implant and then I would be taken to the ward.



I was escorted to the Xray department by two members of staff, they were talking amongst themselves and did not engage with me throughout the journey. When I arrived, I was parked up along two other patients, who were also in post op recovery beds. Two patients were elderly and appeared to be uncomfortable. Each bed had two accompanying members of staff, making six staff altogether. While we were waiting all six staff were using their mobile phone, I was able to see one staff watching a music clip, and one staff looking at shoes on a shopping channel. There was no engagement with patients who they were supporting, one elderly patient asked several times about the waiting time for x-ray as they needed to pass urine – there was no response from any of the staff.

After I had had x-rays, I was escorted to the ward by two staff members. They did not communicate with me, just chatted with each other.

Arrival at the Ward

I was transferred from the theatre bed to the ward bed by a slide board. I was treated with dignity and made comfortable. My bag and other personal belongings were by the side of the bed. Shortly after I had my stats taken and given some lunch. Someone came to see me on a regular basis.



My name and the name of the consultant was written on a wipe clean board above the bed. I asked that my preferred name be added but this did not happen. There was a patient information poster above my bed that should have had "get to know me details." This was not completed, and I did note that this was the case in each of the four bed wards where there were patients staying.

There was no TV in the wards or radio so unless patients had brought their own entertainment there was nothing to occupy. When I was able to get out of bed, I did note that there were materials available such as sudoku, word search and crosswords. These were kept in plastic wallets on one of the main walls of the corridor linking all of the wards, however some of the wallets were empty and there were no pens/pencils available.

My stay on the ward

I had to stay in hospital for two nights. All staff were respectful and helpful. It was great to have a bathroom on the ward that also had an accessible shower.



Night times were challenging. It was difficult to get to sleep as the main light was on and was very bright. However, when I asked if it could be turned off, staff were very obliging. There were some noise from staff chatting, but this was not intrusive.

I had my stats checked regular and medication given so I was woken up approx. every couple of hours. On one occasion I was woken at 2am to be asked what I wanted for my dinner the following day.

There was another patient in the ward who was in a lot of discomfort. They were regularly pressing the call bell requesting more pain medication and to use the bed pan. When staff were attending to this person, the main light was turned on and conversations were quite loud.

During the night the taps on the two sinks at either end of the ward were self-activated, I presume for legionnaires testing. They came on at different times and the sound of running water was noisy.

The shower in the bathroom was self-activated during the morning, again I presume for legionnaires testing. I was having a wash at the sink and my towel etc was on the shower chair directly under the shower head. The shower activated and my towel got soaking wet.

The temperature of the ward was cold; I was given an extra blanket. I was told that the temperature is set, and ward staff have no control with changing the setting.

Food was ok but on one occasion what I ordered was not available. For dinner on both occasions I did not have any cutlery.

Pain after surgery is intense and although pain medication is prescribed it is not that successful. I am aware that ice packs can support with pain management, so I asked if ice packs were available. To my relief I was told they were available, and I was given two to self-activate. This gave me more relief than the pain medication. I was given ice packs each time I asked.

Physios came to assess my progress at the time that had been arranged. They were very encouraging and asked if I required any aids for the home.

The discharge process was straight forward, and I was supplied with all the medication I required. I was given a contact number to call in case of concern. I was told when to book a wound check and staple removal.

What would Improve this experience

- Patients to be aware before admission that there is no entertainment in the wards.
- Less disruption to sleep – stats and meds at the same time if this could be possible.
- Choice of next day meals to be sought before patients go to sleep.
- Self-activated legionnaires testing times to be addressed.
- Temperature of the ward to be reviewed.
- Ice packs should be given as standard or the patient made aware that they are available if requested.

Rehabilitation and Recovery



I was offered a fit note on discharge, but I turned this down as I was sure that after seven days self-certification, I would be ok to return to work. However this was not the case, so I requested a fit note from my GP through the NHS app. The response was quick; I was told that I was unable to have a fit note as this was the first

request and the GP would need to see me. I managed to get through on the phone after waiting a couple of hours to question if this process was correct. The person on the phone confirmed that it was correct. I asked if the details of my surgery were on the system, this was confirmed. I did oppose the process as it was clear to the GP that I was unfit for work due to the nature of the surgery. Eventually I decided to request an appointment with the GP. I was then told that there were no appointments, and I would have to call the surgery at 8pm the next day and join the queue for appointments.

As I had the contact number of the ward for any issues, I called them to see if I could get a fit note from a Dr/Consultant there. They were helpful, and I was informed that a fit note would be ready for collection in a couple of hours. This meant that I had to arrange transport to go and collect it, I felt unwell, in pain and emotionally vulnerable as it was only my second day of being home. I asked if the fit note could be emailed to me, I was informed that emails to a personal contact could not be sent from an NHS email address. I then asked if the fit note could be sent via the NHS app. The person was unsure but did seek clarification from another source. I was informed that this could be done but there was no one available who knew how to add the fit note to my NHS app. Reluctantly I went to the hospital in person to collect the fit note.

Appointments for the nurse at my GP surgery for a wound check and staple removal was seamless.

The physio sessions were particularly good, and the physio personalised my rehabilitation exercises to what I was able to manage.

I felt unprepared for being at home. Independence is almost non-existent, and pain management is difficult. Sleeping is challenging and the process of just getting out of bed and downstairs is draining. I had good support but still felt emotionally and physically unwell. I did not know if this was how it was supposed to be.

It has been seven weeks since my surgery. Pain that was present from osteoarthritis has gone but there is still a degree of discomfort, swelling and tightness. I did not appreciate how long the rehabilitation process was and being such an active person this has had an effect on my mental wellbeing.

I am still having physio sessions, which is a great support, and I have been offered a place at rehabilitation sessions at a local gym.

I see the Consultant on October 1st where I presume, I will get discharged.

What would Improve this experience

- To be better informed of how you will feel once home, e.g. the lack of independence, and the pain that will be prevalent.
- Advice on how to position self for sleep.
- To have follow up or check in calls from the relevant staff at the hospital to enable any concerns to be raised or questions answered. There needs to be an awareness of the effect that this surgery has on someone and how it affects mental wellbeing.
- A better process of getting a fit note from the GP after surgery without an appointment.

Review

There are small changes that need to be implemented that would have made my experience of surgery and hospital stay better. That said the planning and organisation I have become aware of for treating one patient is massive and this must be recognised.



I want to say a big thank you to all involved in my pre surgery care, surgery, post-surgery care and rehabilitation, I will be for ever grateful for what you have done to support me on the journey to be pain free.

Follow us on social media

Facebook: HWatchSandwell

X (Twitter): HWSandwell

Instagram: healthwatchsandwell

LinkedIn: Healthwatch Sandwell



Get in touch

Telephone: 0121 817 5078

Email: info@healthwatchsandwell.co.uk

Online: <https://www.healthwatchsandwell.co.uk/contact-us>

Share your feedback on Health and Social Care services in Sandwell by using the "Have Your Say" section on our website.

<https://www.healthwatchsandwell.co.uk/share-your-views>

healthwatch
Sandwell



**Engaging
Communities
Solutions**

The contract to provide Healthwatch Sandwell is held by Engaging Communities Solutions C.I.C.
www.weareecs.co.uk Tel: 01785 887809 Email: contactus@weareecs.co.uk @EcsEngaging