

Planning and Preparing for your operation

In preparation for your surgery, it is important that you help us to mitigate all risks associated with surgical treatment, however small.

We ask you to read the following notes carefully and bring to our attention any issues that you think may be relevant.

Reducing the risk of infection:

Any active infection should be treated before your admission for surgery. If you are receiving treatment for a dental abscess, for instance, this treatment should be complete prior to your admission. If you have a tendency towards urinary tract infection, you should take steps to ensure that active infection is not present in the weeks preceding your admission (urine specimens will be taken at Pre-Admission to ensure that no urinary tract infection is present). Open or recent skin wounds, abscesses, infected ingrowing toenails or active athlete's foot will result in the cancellation of your operation.

Reducing the risk of thrombosis:

You should plan the timing of your operation carefully, and are advised against travelling for more than three hours within four weeks of your operation if this can be avoided. Following arthroscopy, you should avoid long haul flight for six weeks; following more major operations such as tibial osteotomy or knee replacement, you should avoid long haul flight for around twelve weeks. Short haul flights can be undertaken within four weeks of arthroscopy and eight weeks of knee replacement, but only after discussion with Knee Clinic staff.

Any oestrogen-containing oral contraceptives or hormone replacement should be discontinued at least four weeks prior to surgical treatment. Alternative methods of contraception will be required in the intervening period.

Any past personal or family history of thrombosis or embolism should be brought to our attention.

Reducing the risk of bleeding:

Anti-coagulant and blood thinning drugs, such as Warfarin, Clopidogrel, Dabigatran and Aspirin should generally be stopped at least seven days prior to your admission. In some situations, it is not safe to discontinue anti-coagulant drugs without providing alternative cover with heparin (this applies particularly to patients with artificial heart valves or with certain types of coronary artery stent) and you should always discuss these matters with your GP, the doctor who prescribed the drugs and/or the Knee Clinic if you are in any doubt at all about whether or not it is safe to discontinue this medication prior to your admission.

Any past or family history of bleeding should be brought to our attention.