



Nigel Donachie

Consultant Hip & Knee Surgeon

TOTAL KNEE REPLACEMENT

A knee replacement may be considered when your knee joint becomes so badly worn that it causes pain which interferes significantly with your quality of life and which cannot be controlled with simple measures such as painkillers.

What does the operation involve?

The operation takes place under a general or spinal anaesthetic may be recommended and takes approximately 90 minutes.

In order to resurface the worn parts of the knee and to provide a space for the artificial knee joint a measured amount of bone is cut off the end of the thighbone (femur) and shin bone (tibia).

The surfaces of the knee joint are then replaced using metal components and a plastic component is inserted between the metal parts, to act as a shock absorber. You keep your own kneecap (patella) but the worn part is resurfaced using a plastic “button”, to allow it to run freely against the other components of the artificial knee.

What are the benefits of knee replacement surgery?

A successful knee replacement will give relief from pain in the knee and should allow sufficient movement in the knee joint for you to undertake most normal activities. The overall aim of surgery is relief of pain in the knee.

Please note that the majority of patients who undergo total knee replacement find it uncomfortable to kneel afterwards. This is normal but you should bear this in mind when deciding whether to proceed with surgery, especially if your work or hobbies require you to kneel.

All patients who undergo total knee replacement will be left with a numb patch on the outside of the knee. This is normal and is not a cause for concern.

What are the possible complications?

Depending on the condition of your knee prior to surgery, a good result can be expected in approximately 95% of cases. However, some patients face a higher complication rate than



Nigel Donachie

Consultant Hip & Knee Surgeon

others, which will reduce the chances of a good result. Mr Donachie will warn you if this is the case.

The following risk factors exist for any patient undergoing total knee replacement:

- Medical risks e.g. Heart attack, stroke, clots in the leg (deep vein thrombosis) or lung (pulmonary embolism)
- Infection in the wound, or in the knee joint itself
- Wear / loosening of the artificial knee
- Excessive bleeding
- Stiffness/reduced movement in the knee
- Re-operation
- Death

High risk groups

There are some people who come under the category of high risk and these include people who:

- Have had multiple operations to the affected knee
- Have had previous infection within the knee
- Have inflammatory arthritis, rheumatoid arthritis or psoriasis
- Have major medical problems
- Take certain drugs such as steroids or immunosuppressant medication

What is the alternative to surgery?

Contact Mr Donachie at Spire Murrayfield Hospital, Holmwood Drive, Thingwall, Wirral, CH61 1AU
TEL: 07753 386 028 | E-mail: njd@hipandknee.co.uk



Nigel Donnachie

Consultant Hip & Knee Surgeon

Knee replacement surgery is only recommended when it is felt that non-surgical interventions such as pain killers, anti-inflammatory drugs, exercises or cortisone injections would no longer offer any significant benefit. However, ultimately the decision to undergo surgery is yours as only you know the extent to which your symptoms are affecting your day to day activities.

Recovery

You will start to move your knee on the day of or the day after the operation. Your physiotherapist will advise you when to do this and will provide you with specific exercises to perform whilst in hospital and when you go home. These exercises may be painful at first but they are an essential part of your post-operative recovery and if they are not performed you face a high probability that your knee replacement will not be as successful as you had hoped.

You will be in hospital for approximately three days following surgery. You will be walking without assistance prior to discharge but will initially require a stick for support.

It is expected that you will be able to manage independently at home although you will not be able to drive for six weeks after the operation so it is helpful if you have someone available who can help with activities such as shopping at first.

You play an important part in your recovery. Whilst the physiotherapy, nursing and medical staff provide important advice and support, only you can get the knee moving.

Most patients report some immediate benefit from surgery but overall recovery can sometimes feel slow and this can be a little frustrating. The first three to four months after discharge involve a lot of hard work on your part in order to get the knee working properly. It is therefore important that you are well motivated and committed to working hard both in hospital and following discharge.

AUTHOR: R FINLEY
UPDATED: FEBRUARY 2017