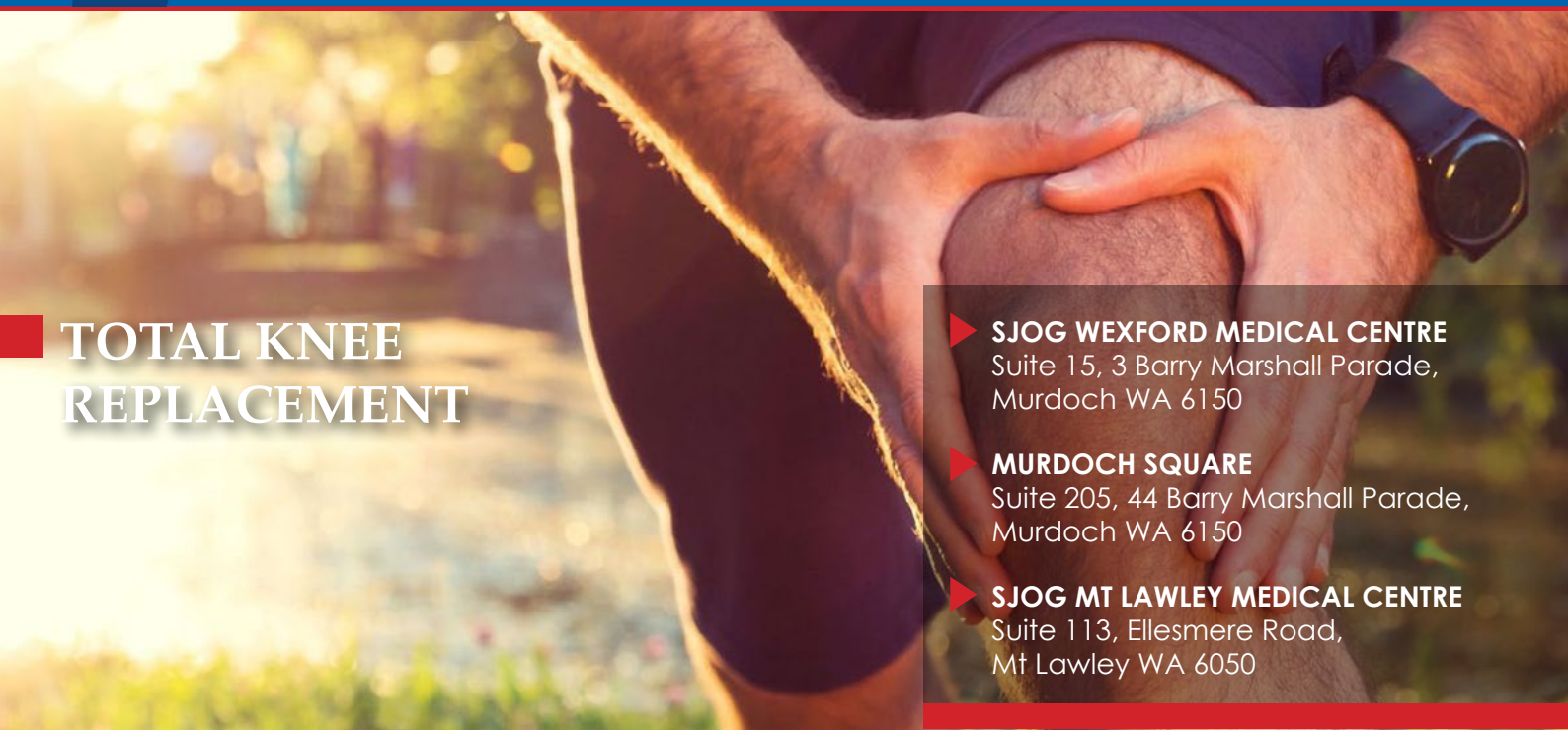
ORTHOPAEDICS WA

(08) 9312 1135



TOTAL KNEE REPLACEMENT

SJOG WEXFORD MEDICAL CENTRE
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MURDOCH SQUARE
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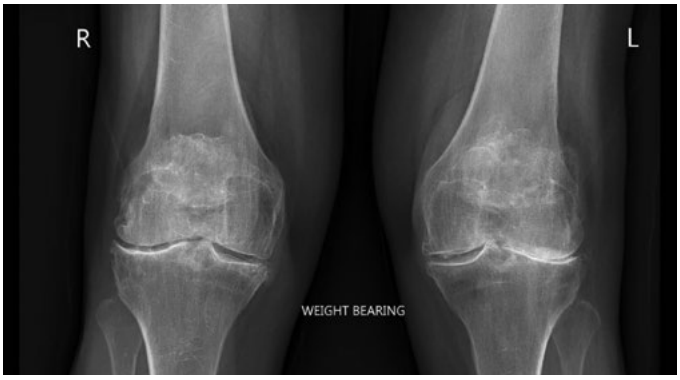
SJOG MT LAWLEY MEDICAL CENTRE
Suite 113, Ellesmere Road,
Mt Lawley WA 6050

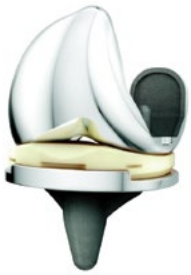
WHO CAN BENEFIT?

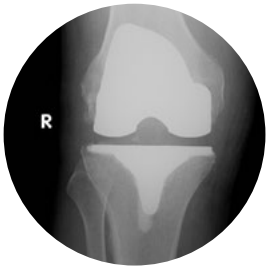
Total knee replacement surgery is suitable for patients with disabling knee arthritis. This is most commonly caused by osteo-arthritis secondary to wear and tear of the joint, but there are other less common causes such as previous injury or inflammatory conditions. The most common investigation used to assess the suitability of this surgery is plain x-rays. We occasionally use CT scan or MRI. In general, this operation is for patients who have arthritis affecting their quality of life, who have exhausted all non-operative measures such as weight loss, pain-killers, and physiotherapy.



HOW IS THE SURGERY DONE?

Anaesthesia usually entails a spinal anaesthetic, a nerve block and some gentle sedation to provide complete pain relief and a pleasant sleep through the surgery. Occasionally a full general anesthetic may be used. A 15-20cm cut is made over the front of the arthritic knee. Jigs are placed on the bone and the worn, arthritic surfaces removed. Metal components are then placed on the cut surfaces and a plastic bearing inserted between these metal surfaces. In a number of cases, the surgeon will also resurface the back of the knee cap (patella). There are a number of different methods for measuring the cuts, these may involve extra imaging before surgery, manual measurements in theatre, custom made jigs, surgical navigation in theatre and robotics.





WHAT ARE THE RISKS?

It is important that you are aware of all of the risks and benefits of this surgery. The majority of patients are very pleased with their knee replacement, with about 8 out of 10 completely satisfied with the surgery.

- **INFECTION**
  There is around a 1-2% risk of a deep infection. If the infection is serious, the patient may need more surgery to wash the joint out and sometimes, have some or all the components exchanged with one or more operations.
- **STIFFNESS**
  The knee may be stiff after surgery, and occasionally requires a manipulation in theatre to improve the range of motion.
- **LIGAMENT INJURY**
  Rarely, nerves, blood vessels, tendons and ligaments can be damaged during the operation.

- **FRACTURE**
  There is a small risk of bone fracture during or after surgery, but this is unusual and usually heals well.
- **DVT/PE**
  There is also a risk of developing blood clots after surgery and medication and calf pumps are used to reduce this risk (DVT and Pulmonary Embolus).
- **BLEEDING**
  There is a risk of bleeding, and a very small risk of needing a blood transfusion.
- **NUMBNESS**
  The skin incision cuts the little skin nerve branches resulting in numbness over the outside part of the knee/leg but this numb area can reduce in size as new nerves grow in to supply the affected area over a 6-12 month period. The numbness occasionally persists and can be annoying.
- **WEAR**
  Like all mechanical devices, a joint replacement can also fail due to mechanical problems such as loosening or wear of the plastic bearing. This usually takes many years. The knee may need revision (redo) surgery if it fails for any reason.
- **GENERAL MEDICAL**
  Joint replacement has become routine, but it is still major surgery. There is a small risk of general medical problems after major joint replacement, including heart attack, stroke or pulmonary embolus. These risks are greater if you have a past history of similar issues, and they can present a small risk of death.

HOSPITAL STAY AND FOLLOW UP

You will come in on the day of surgery and often be admitted to the pre-op ward. After surgery you will go to one of the main wards. Patients can expect to have physiotherapy after surgery. They have assistance standing, then walking with a frame then crutches. Pain medication is given and this is important so the patient can perform the necessary exercises. Most patients stay in hospital 2-3 nights but can vary depending on fitness and home circumstances. Blood from the wound is very common in the first few days. The skin dressing should ideally remain intact until 2 weeks after the operation where a community nurse, or general practitioner reviews the wound. Patients go home with pain medication and go from using 2 crutches to 1 crutch then to walking independently by the 4-6 week mark. Driving is usually possible by 4-6 weeks. Most of the recovery comes before 4 months but there can be further improvement up until a year after surgery. Strong pain killers are usually required up to 6 weeks especially at night.

WHAT RESULTS CAN YOU EXPECT?

It is important to know what can and cannot be achieved with this surgery. The results from knee replacement surgery are in general, good. Patients should understand that a replaced knee always feels 'mechanical'. Some clicking and clunking is not unusual and does not mean there is a problem. Pain is usually significantly better but may not be completely alleviated. The replaced knee may not bend as well as a normal knee especially if there was a lot of stiffness prior to the surgery. The replaced knee is very often good enough for walking long distances, cycling, swimming and leading an active lifestyle. You should expect to be able to kneel on the new knee, but some patients are not able. 90% of knees will last more than 20 years.

WHAT CAN YOU DO TO IMPROVE YOUR OUTCOME?

Exercise to strengthen the muscles around the knee is very beneficial and will improve your recovery and outcome. An exercise bike is probably the best way to do this for knees, aiming for 20 minutes 3 times per week. Work in the water or with a dedicated "prehab" program works very well. Improving your general health is also important, especially optimising your weight, good diabetic control, and looking after your skin. Knee replacements only work if you do your rehab.

WHAT IF YOU HAVE A PROBLEM?

If you have any concerns once you are discharged from hospital you should either telephone the hospital ward, or the surgeons rooms. If they are not available you should consult your GP or local ED. Your surgeon would always want to know about any issues or complications, and would want the GP or nurse to call them to discuss the problem.

Further information is available on the OrthopaedicsWA website.

JOINT REGISTRY

The Australian National Joint Registry may contact you to collect information about your operation. This is a useful part of monitoring how hips perform over time.