

# You and Your Knee Replacement

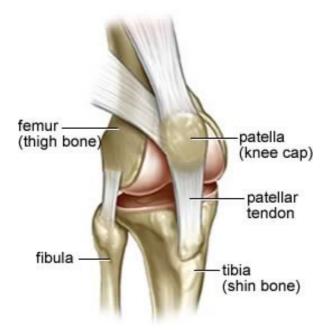
**Orthopaedic Outpatients** 

www.yeovilhospital.nhs.uk

This leaflet gives you information about your planned knee replacement operation.

## What is a knee replacement?

Your knee has three parts: your thigh bone (the femur), shin bone (the tibia) and knee cap (patella). This type of joint is called a hinge joint because your knee joint moves in a similar way to a hinge on a door.



A knee replacement operation is usually carried out for arthritis of the knee, most commonly osteoarthritis.

Other conditions include rheumatoid arthritis or knee damage following injury.

During the operation, the surgeon will remove the damaged surfaces and replace them with artificial parts made from metal and plastic.

# Why do I need a knee replacement?

You should consider a knee replacement if:

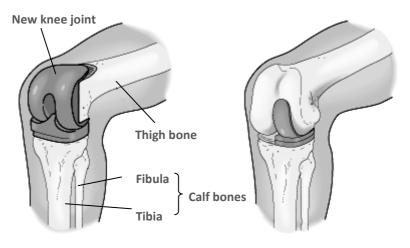
- You are in constant pain
- · Your sleep is affected
- You are unable to do everyday things and so are less independent
- · You are unable to work because of your painful knee

# Benefits of knee replacement surgery

- The main reason for the operation is to alleviate the pain. In most cases the pain will go away completely
- Improvement in mobility, especially when walking and climbing stairs
- · Stopping your knee from giving way or locking
- Your independence may improve if you are then able to dress, bathe etc. more easily
- If you needed a walking stick before the operation you may not need it afterwards

#### What Knee?

There are two types of knee replacement. A total knee replacement resurfaces your whole knee. This is the most common operation as more than one area of the knee is usually damaged. A partial knee replacement resurfaces only the inner or outer half of the knee. Partial knee replacements only work for people with arthritis in one half of the knee (usually the inner half nearest the other leg).



**Total Knee Replacement** 

**Partial Knee Replacement** 

# How long will I be in hospital? Getting a new knee is a major operation. However, with modern medical care, you should expect to be in hospital between three and five days.

It is important that you give some thought as to how you will cope at home after your operation. You will need someone to help care for you in the early stages after your surgery when you leave hospital.



# Risks of knee replacement surgery

Knee replacement is a major operation. For most patients it is an extremely successful and worthwhile operation. However, as in all surgical procedures, there are risks attached to knee-replacement surgery.

#### Infection

Before, during and after surgery the surgeon and nursing staff take every precaution to ensure that infection does not occur. This can be a serious problem if an infection gets into a total knee replacement. However, it is very uncommon and probably occurs in 1%-2% of cases. If your knee joint was to become infected, further surgery may be needed.

#### **Blood Clots**

There is a risk of developing blood clots in the legs following knee replacement surgery, this is called deep vein thrombosis. In rare cases these can dislodge and travel to the lungs (pulmonary embolism). You will be given certain treatments during the stay to reduce the risk of this complication. It is estimated that the risk of serious blood clots occurs in 1%-2% of patients.

# **Neurovascular Injury**

There are major blood vessels and nerves running behind the knee joint. These are at risk of injury during surgery. Injury to these structures can be extremely serious but fortunately are very rare.

#### **Stiffness**

The great majority of patients are happy with the range of movement in their new knee. Most patients gain at least 90° of flexion (bend) following surgery. However, if your knee was particularly stiff prior to surgery then it is unlikely that you will gain a greater range of movement following surgery.

A very small number of patients develop undue stiffness in their knee following knee replacement surgery. This is fortunately very uncommon. The physiotherapist will help you in the post-operative period to gain as good a range of movement as is possible.

Occasionally, patients may need manipulation of their new knee some time after surgery, but this is very uncommon.

# Other problems

- Constipation this is not uncommon after surgery due to the anaesthetic and pain killing drugs. Medication can be prescribed to minimise this
- Chest infection occasionally a patient may develop a chest infection after an anaesthetic which requires treatment with antibiotics
- Urinary infection occasionally patients may develop a water infection. This usually causes pain on passing water or the need to go to the toilet more frequently. It is usually easily treated with antibiotics
- Urinary retention sometimes patients may have difficulty passing water after surgery and may require the insertion of a catheter into the bladder. This is then removed as soon as the patient is mobile

# Potential problems in the long term

- Loosening of the new knee may occur
- Infection around the knee can occur months or years after surgery
- Wear and tear most people's new knee will last ten years or more but they may eventually wear out

If these problems happen, an operation will be needed to replace the knee. This is called a revision. Revision surgery is more difficult and there is a higher complication rate.

# Will I be seen after my operation?

Yes. You will be seen in a physiotherapy clinic between one and three weeks after discharge to check on your progress. You will be reviewed in the follow-up joint replacement clinic at 6 to 12 weeks after surgery and again one year after surgery. You will remain under review in the long-term to monitor the progress of your knee replacement.

# **Space for notes:**

## More information

If you have any further questions or concerns, please do not hesitate to contact us.

The Orthopaedic Clinic 01935 384319

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Please ask if you need this leaflet in another format, eg large print, call 01935 384233.

Leaflet No 09-15-103 01/15 Review date: 01/17