

Total Knee Replacement

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This document will give you information about total knee replacement. If you have any questions, you should ask your GP or other relevant health professional.

What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. Some other types of arthritis are associated with inflammation of the joints. Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint.

What are the benefits of surgery?

You should get less pain and be able to walk more easily.

Are there any alternatives to surgery?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain. Supplements to your diet may also help relieve your symptoms. Check with your doctor before you take supplements. Using a walking stick can make walking easier. Wearing an elasticated support on your knee can help it feel stronger.

Regular moderate exercise can help to reduce stiffness in your knee.

A steroid injection into your knee joint can sometimes reduce pain and stiffness.

All these measures become less effective if your arthritis gets worse.

What does the operation involve?

Various anaesthetic techniques are possible. The operation usually takes an hour to 90 minutes.

Your surgeon will make a cut on the front of your knee and remove the damaged joint surfaces.

They will replace these with an artificial knee joint made of metal, plastic or ceramic, or a combination of these materials (see figure 1).

Your knee replacement is fixed to the bone using acrylic cement or special coatings on your knee replacement that bond directly to the bone.

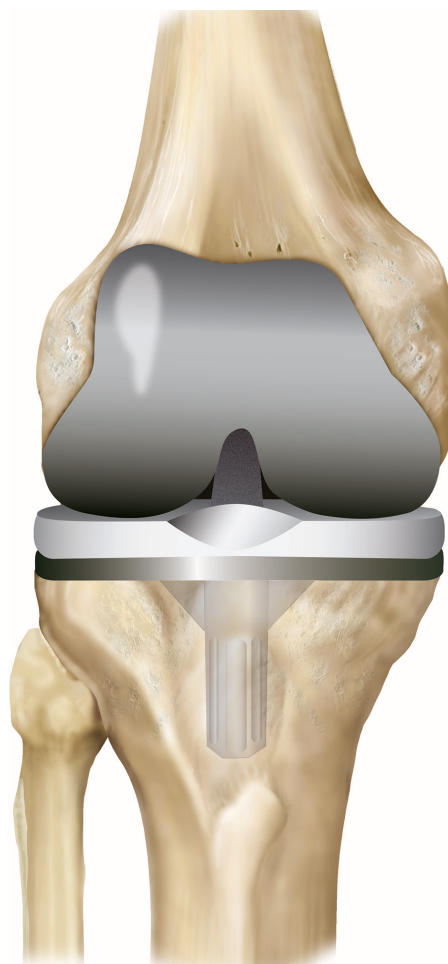


Figure 1

A total knee replacement

What complications can happen?

1 General complications

- Pain
- Bleeding
- Infection of the surgical site (wound)
- Unsightly scarring
- Blood clots
- Difficulty passing urine
- Chest infection
- Heart attack
- Stroke

2 Specific complications

- Split in the bone when your knee replacement is inserted
- Damage to nerves
- Damage to blood vessels
- Damage to ligaments or tendons
- Infection in your knee
- Loosening
- Dislocation
- Continued discomfort in your knee

- Severe pain, stiffness and loss of use of your knee (complex regional pain syndrome)

How soon will I recover?

You should be able to go home after three to seven days.

You will need to use crutches or walking sticks for a few weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a good recovery, have less pain and can move about better. An artificial knee never feels quite the same as a normal knee.

Kneeling down is not recommended and is usually uncomfortable.

A knee replacement can wear out with time.

Summary

If you have severe pain, stiffness and disability, a knee replacement should reduce your pain and help you to walk more easily.

Acknowledgements

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