

Knee replacement

Knee replacement involves replacing a knee joint that has been damaged or worn away, usually by arthritis or injury.

Your knee joint is made up by the ends of your thigh bone (femur) and shin bone.

These normally glide over each other smoothly because they are covered by shock-absorbing cartilage.

If the cartilage is damaged by injury or worn away by arthritis it can make the joint painful and stiff.

A new knee joint can help improve your mobility and reduce pain.

Depending upon the condition of your knee joint, you may have a part of or your entire knee joint replaced.

A replacement of the entire joint is more common.

Artificial knee parts are known as “implants” and are made of metal and plastic.

The implants are held in place by specialized bone cement.

A knee replacement usually lasts for at least 10 to 15 years.

Surgery is usually recommended when your symptoms are severe enough to interfere with your lifestyle and are not relieved by pain-killers

Preparing for your operation

Mr Hartley will ask you to sign a consent form in clinic.

This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

You will also be asked to consent to placing your name on the National Joint Register, which is used to follow up the safety, durability and effectiveness of joint replacements.

The operation usually requires a hospital stay of about five days.

Surgery is performed under either a spinal or general anaesthetic.

Your anaesthetist will advise which type of anaesthesia is most suitable for you.

You will need to have an injection of an anti-clotting medicine called heparin and this will be continued for 28 days following your operation.

About the operation

A knee replacement usually takes up to one hour.

Mr Hartley will make a single incision (10 to 20 cm long) down the front of your knee.

Your kneecap is moved to one side to reach the knee joint.

The worn or damaged surfaces are removed from both the end of your thigh bone and the top of your shin bone.

The surfaces are shaped to fit the artificial knee joint.

The new joint is fitted over both bones.

Sometimes the back of your kneecap is replaced with a plastic part. This is called patellar resurfacing.

After the new joint is fitted, the skin incision is closed with stitches or clips and covered with a dressing.

Your knee will be tightly bandaged to help minimize swelling.

What to expect afterwards

You will need to rest until the effects of the anaesthetic have passed.

You will not be able to feel or move your legs for several hours after a spinal anaesthetic.

You will require pain relief to help with discomfort as the anaesthetic wears off.

The day after surgery a physiotherapist will guide you daily through exercises to help your recovery.

You will be in hospital until you are able to walk safely with the aid of sticks or crutches.

When you are ready to go home, you will need to arrange for someone to drive you home.

You should try to have a friend or relative stay with you for the first week.

Your nurse will give you some advice about caring for your knee and make an appointment for a follow-up appointment in clinic with Mr Hartley before you go home.

Dissolvable stitches will disappear on their own approximately 14 days. Non-dissolvable stitches and clips are removed 14 days after surgery.

Recovering from knee replacement surgery

You will be sent home with pain-killing medication and blood-thinning medication to prevent blood clots

The exercises recommended by your physiotherapist are a crucial part of your recovery, so it's essential that you continue to do them.

You will be able to move around your home and manage stairs.

You will find some routine daily activities, such as shopping, difficult for a few weeks.

You may need to use a walking stick or crutches for up to six weeks.

When you are resting, you should do so with your leg raised and your knee supported to help prevent swelling in your leg and ankle.

Depending on the type of work you do, you can usually return to work after 8 to 12 weeks.

You shouldn't drive until you are confident that you could perform an emergency stop without discomfort. This will typically be at least 6 weeks.

Your knee will feel sore and may be swollen for up to twelve months.

The knee may feel warmer than the other side for a similar length of time.

You will have a scar over the front of the knee.

You may not have any feeling in the skin on the outside of your scar. This may be permanent.

What are the risks?

Infection - approximately 1 in 200. Antibiotics are given during and after surgery to minimize the risk.

Loosening - the knee joint may become loose and you may require further surgery to correct this.

Damage to the nerves and blood vessels behind the knee - this is very rare.

Blood Clots - the risk of a Pulmonary Embolus (PE) is approximately 1 in 1000. You are given blood thinning medication for 4 weeks after surgery

Revision - the artificial knee joint usually lasts for 10 to 15 years, after which you may need to have it revised.