

Total Knee Replacement



What does a Total Knee Replacement mean for me?

What is a Total Knee Replacement?



BEFORE KNEE REPLACEMENT



AFTER KNEE REPLACEMENT WITH MR ATREY

A Knee Replacement is an operation to remove the pain you feel from your knee joint and to restore the straightness (if your knee bends in or outwards). A secondary benefit of knee replacement is an improvement in your mobility.

Most people who need a Knee replacement have a form of arthritis.

The operation is usually the same regardless of the cause of your pain.

During a knee replacement the diseased part of the joint is removed and resurfaced by a new metal implant. The thigh bone (femur) has is shaved to allow a resurfacing implant to be cemented perfectly onto it. Similarly the top of the thigh bone has just the right amount of bone taken away to allow for a metal base plate and a plastic (polyethylene tray) to be cemented too. These are known as the implants.

The operation has a high success rate. This is particularly true when it is performed by a fellowship trained hip surgeon, like Amit Atrey. However, at least one in ten patient still have some pain in the knee after the knee replacement and many patients have difficulty in kneeling and are left with a numb patch of skin to the side of the surgical scar.

Do I need a knee replacement?

You and your surgeon will have to make an informed decision as to whether you are ready for a knee replacement or not. You must discuss the amount of pain you are in, how it affects your life, your mobility and your sleep. X-rays and your surgeon will help you decide whether you are ready, but ultimately it must be your decision.

You will need to have an X-ray performed before the consultation and sometimes other imaging like an MRI or a CT scan. Mr Atrey will organise this for you.



You can see from the X-ray of the gentleman above that the inside of the joint (where the thigh bone meets the shin bone) has worn away. This is what causes the pain and also affects the alignment of the leg. This is a common X-ray finding of people with arthritis.

Am I too young for a knee replacement?

Just like a car part, a knee replacement is a moving part and will eventually wear out. To make matters more complicated, it is a moving part within a living and changing biological environment.

We try and avoid knee replacements at too young an age because of this reason.

However, you may be in so much pain that your symptoms warrant the operation being performed. Choosing the right implants with the right bearing surfaces so that they last the longest amount of time and then performing the operation properly give your hip the best chance of survivorship for a long time.

The British Orthopaedic Association has given guidance that we would expect at least 95% of hip replacements to be still in position and working well at 10 years.

I feel this should be more like 98% at 10 years.

You can see from this X-ray the hip on the right hand of this picture has severe arthritis when compared to the other hip. The gap between the ball and socket has worn away and there is lots of new bone formation. This is all part of the arthritis picture.

After your operation, you should expect to get back to hill walking, bike riding, horse riding, swimming, golf, and possibly even skiing after a time of recovery. The youngest person Amit performed a hip replacement on is a 27-year old. He is delighted and back doing all he wants to do.

Am I too old for a knee replacement?

There is no such thing as too old. We treat patients in front of us not the number of years behind them.

If you are older, you may have other factors that mean your health is not as it was. This may make the anaesthetic more complicated and your recovery slower. However, you can discuss this with the anaesthetist. Sometimes, if your other health issues make you a higher risk patient and you still wish to proceed with the operation, we may wish to consider doing your operation in the NHS hospital so that there are provisions such as medical doctors and nurses and intensive care units (should it be necessary).

What will my recovery be like?

Amit encourages Enhanced Recovery After Surgery. Getting home after surgery sooner minimises the risks of complications such as infection. If you are at home, you will move around a lot more and you limit the risk of blood clots and your strength will return sooner.

Day of the operation

Immediately after your knee replacement you will feel a little sore, but the local anaesthetic is still usually working and you should be more than comfortable to get up and start walking within a few hours.

Day 1 after the op

The next day is the worst the pain will be throughout your recovery. You must get up out of bed and try and do as much as the physiotherapists ask you to do. You will likely start on a frame and then hopefully progress to sticks as soon as you are safe. The heavy dressings will be removed and you will be encouraged to flex the knee.

The more you put into your recovery at this early stage, the better your knee will be in the long run.

Day 2

You should be progressing with your mobility and thinking about going home. Most patients are sent home on day 2 or 3.

After discharge

You must continue to listen to advice from the physiotherapists. It is advisable to see a physiotherapist near your home. We can organise this at the hospital or at one of our partners near your home.

What are the risks of a knee replacement?

A Knee Replacement is a major operation. Although very successful, there are potential complications that may occur. Again, leaving hospital as soon as you are safe is the key to minimising these complications.

This link below takes you to a consent form with all the risks of knee replacements. Please read them in your own time or alternatively watch the video on this website

You can also access consent forms for the procedures on Amit's website – www.orthoconsent.com

The common complications are -

Infection

Bleeding (sometimes requiring a transfusion)

stiffness

Blood Clots - Deep Vein Thrombosis and pulmonary Embolus

Wound issues including breakdown

Scar

Failure of the implants/ wear

These are discussed in the video and you will have the opportunity to discuss with Mr Atrey in person