

having a knee replacement can also expect their knee to be sore and swollen for up to three months. There will also be a scar (8-12 inches long) over the front of the knee. The scar and the outer side of the knee may be numb, which can sometimes be permanent.

Complications are unexpected problems that can occur during or after the procedure. Most people are not affected. The main complications of any operation are bleeding during or soon after the procedure, infection and an abnormal reaction to the anaesthetic. Specific complications of knee replacement surgery are rare but can include those listed below.

- The wound or joint can get infected. Antibiotics are given during surgery to help prevent this.
- Sometimes it is not possible to make the new knee fully stable and you may need to have a second operation.
- The operated leg may be a slightly different length.
- Nerves in the leg can get damaged during the operation.
- A build-up of scar tissue can occasionally restrict movement. Another operation may be performed to break down the scar tissue. In rare

cases, the loss of movement may be permanent.

- The kneecap can become dislocated.
- It's possible to develop a blood clot in the veins of the leg (deep vein thrombosis). Sometimes this clot can break off and cause a blockage in the lungs. In the majority of cases, this is treatable, but it can be a dangerous condition. You may be given medicines and/or compression stockings to wear during the operation to help prevent this.

The chance of problems depends on the exact type of operation you are having and other factors such as your general health. Your surgeon will explain how the risks apply to you.

A knee replacement usually lasts for at least 10 years, after which you can have a revision operation to replace it. However, revision operations are more complicated than original knee replacements, and the results are not always as successful.

Further information

The Arthritis Research Campaign

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www.arc.org.uk

Arthritis Care

☎ 0808 800 4050

www.arthritiscare.org.uk

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Knee replacement

This factsheet is for people who are considering having a knee replacement operation.

A knee replacement replaces damaged or worn parts of the knee joint with a prosthesis made up of metal and plastic parts.

Depending on the condition of your knee, a 'total' or a 'half' knee replacement may be done. In a half knee operation, only the inner or outer half of your knee is replaced. A total knee replacement is more commonly done.

Why have a knee replacement?

Your knee joint is made up of the ends of the thigh bone (femur) and shin bone (tibia), which normally glide over each other smoothly because they are covered by smooth articular cartilage. The joint is held in place by ligaments and covered at the front by the patella (kneecap).

If the cartilage is damaged by injury or worn away by arthritis for example, the ends of the bones can rub together, causing pain and restricting movement. If this happens, your knee joint can be replaced with a prosthetic one.

Types of knee replacement

There are several different types of

knee replacement. Some need special bone cement to keep them in place. Other types of artificial knee parts are coated with a chemical which encourages bone to grow into it to hold the components in place.

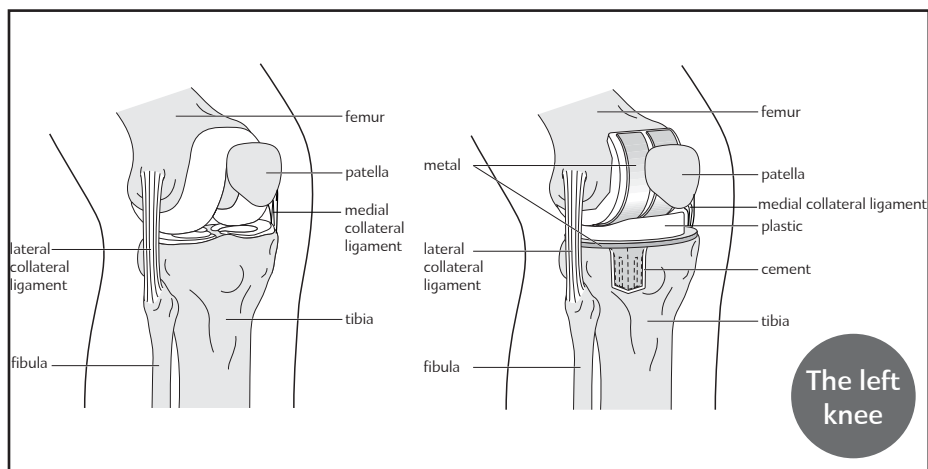
Your surgeon will discuss the various options with you.

What are the alternatives?

Surgery is usually recommended only if non-surgical treatments such as taking medicines to reduce pain and inflammation or using physical aids such as a walking stick do not help to reduce pain or improve mobility.

Other surgical options

There are alternative operations



depending on how badly your knee is damaged - such as an osteotomy, which may help if only one side of your knee joint has worn down.

Alternatively, you may have keyhole surgery called arthroscopy. Your surgeon will explain your options.

What happens before a full knee replacement?

Your surgeon will discuss how to prepare for your operation. For example, you may be asked to give up smoking as it increases the risk of you getting a chest infection or your wounds healing poorly.

What should I expect in hospital?

Before surgery you will talk to your surgeon about the operation and you will be asked to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your

permission for it to go ahead.

If you are having a general anaesthetic, you will be asked to follow fasting instructions. Typically, you must not eat or drink for about six hours before a general anaesthetic. However, some anaesthetists allow occasional sips of water until two hours beforehand.

The operation

A knee replacement takes 1-2 hours.

It is usually performed under a general anaesthetic, which means that you will be asleep throughout the procedure and will feel no pain. Alternatively, the surgery can be carried out under an epidural that completely blocks feeling in the leg but you will be awake.

Once the anaesthetic has taken effect, an incision, usually around 20-30cm (8-12 inches) long will be made down the front of your knee. The length of the incision may be shorter depending

on the technique your surgeon is using. Your kneecap will be moved to one side so the joint can be reached. The worn or damaged surfaces will be removed from both the end of your thighbone and the top of your shin bone. The surfaces will then be shaped to fit the knee replacement. The replacement parts will be fitted over both bones. Sometimes the part of your kneecap that is in contact with the new knee joint is replaced with a plastic prosthesis. This is called patellar resurfacing.

After the new parts are fitted and tested to make sure they move smoothly, your surgeon will close the wound with stitches or clips and cover it with a dressing.

After the operation

You will be given painkillers to help relieve any discomfort as the anaesthetic wears off. If you had an epidural anaesthetic, you may not be able to feel or move your legs for several hours after your operation. You won't have any pain in your legs.

Starting from the day after your operation, a physiotherapist usually visits you every day to help you do exercises designed to help your recovery. People generally stay in hospital for 5-10 days. After this time, you will be able to walk with sticks or crutches.

Before discharge, your nurse will give you advice about caring for your stitches, hygiene and bathing.

Recovering from a knee replacement

Once home, you should take painkillers if you need to, as advised by your surgeon or nurse.

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

Most people find that they are able to move around their home and manage stairs, but some routine daily activities will be difficult for a few weeks. You must follow your surgeon's advice about driving. You can go back to work after about six weeks if you have an office job. However, if your work involves a lot of standing or lifting, you should stay off for longer (usually about three months).

Your knee will continue to improve over a period of at least six months.

Deciding on treatment

A knee replacement is a commonly performed and generally safe surgical procedure. For most people, the benefits are far greater than the disadvantages. However, in order to make a well-informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications.

Side-effects are the unwanted but mostly temporary effects of a successful procedure, for example, feeling sick as a result of the general anaesthetic. Anyone