PATIENT INFORMATION SHEET

RISKS ASSOCIATED WITH A KNEE REPLACEMENT

Nothing in life is risk free and the same applies to any surgical procedure. The overall risk of a serious adverse event following a knee replacement is something in the region of 1%. In other words, it is an extremely safe operation. The most important and commonly encountered risks following a knee replacement include:

Risks related to the anaesthetic

It is extremely rare but the surgery may be complicated by a stroke or heart attack. You will be assessed pre-operatively to ensure that you are as fit as you can be for your surgery, to minimise these potential medical problems. Extra precautions are taken for higher risk patients.

Deep Vein Thrombosis (DVT) or Pulmonary Embolus (Blood Clots)

Measures are always used to help minimise your risk of sustaining a blood clot. These include the use of mechanical pumps for your feet and mobilising as soon as possible after your operation. Other measures also include blood thinning injections or tablets (these can however lead to an increased bleeding risk). We will tailor the best regime to suit you and discuss this with you. The overall risk of a blood clot is in the region of just less than 1%.

Infection

An infection can occur after any operation, but it is particularly important that you understand its consequence when undergoing a knee replacement.
Precautions are taken before the operation to prevent an infection. These include testing with skin swabs, and also ensuring there is no damage to your skin such as cuts, wounds or infections. Prophylactic antibiotics (to reduce the risk of infection at the time of the surgery) are routinely used. Again, the overall risk of this is just less than 1%.

Superficial wound infection

This is an infection of the healing wound where it becomes red and may have a small discharge of fluid. It is usually treated with a course of antibiotics, but occasionally it may require a small operation to help clear it.

Deep infection

This is a **very serious complication**. The overall risk is approximately 1-2%. It can occur soon after surgery, or at a later stage.
The vast majority of patients who have a deep infection can be successfully treated with a revision or 2nd knee replacement. If a deep infection occurs it may mean the knee replacement has to be removed so that antibiotics can work more effectively. This can mean a prolonged period in hospital before a new knee replacement can be inserted.
Although it is extremely rare, a further knee replacement may not be possible. Here the options are either to suppress the infection with long term antibiotics or leave you with a leg that is permanently straight (a fused knee). In very exceptional circumstances an amputation may be the only option.

Bleeding

There can be bleeding after any surgical procedure. Very occasionally this can lead to a build up of blood, which may necessitate a second trip back to the operating theatre to wash this out.
Much more common, and of no long term significance, is bruising around the knee. This may be extensive and involve the thigh and calf, but will usually resolve over a few weeks. Bruising and bleeding is more likely to happen if you are taking aspirin or an anti-inflammatory medication, (such as Ibuprofen or Voltarol). The risk is reduced by stopping it the day of your operation. Please inform us at your pre-assessment appointment if you are taking this type of medication.

Stiffness

All knees feel stiff in the first days following a knee replacement. The physiotherapists on the ward will work with you to start bending the knee either on the day of surgery, or more commonly, the day following the procedure. Within just a few days the knee will be moving freely enough for you to get about safely and manage simple activities, such as climbing stairs. You will continue to work hard at home, or if necessary with the out-patient physiotherapists, for several weeks to improve your knee bend. A small number of patients have problems with stiffness following their knee replacement. If the knee was particularly stiff prior to the operation then the range of movement achieved after the surgery may be less than in an individual whose knee moved more freely.
In rare instances where the knee does not fully straighten or bend sufficiently, it may be necessary to manipulate the knee whilst you are asleep. This procedure is called a Manipulation Under Anaesthesia or MUA. As the vast majority of stiff knees settle with rehabilitation and physiotherapy, we do not consider carrying out an MUA until at least 6 weeks from the time of the surgery.

Failure

The vast majority of total knee replacements function well for up to and including 10 years. The "survivorship" is somewhere in the order of 95%. The failure rate is then around 1-2% per year. In other words, your knee should last at least 10 years and most likely will last 15-20 years. The data is not available yet for knee replacements after 20 years. A small number of individuals will be unlucky and their knee replacements will fail early. This is most commonly because of wear and tear to the replacement and/or a deep infection. Also, the bonding between the knee replacement and the bone can fail. In this situation the loose knee which has failed is removed, and a revision knee replacement is carried out.

Tender scar

This is not a complication as such, but it is important to know that some people have discomfort around their scar, and that there will be some degree of loss of normal skin sensation around the scar. In addition it is important to know that it may not be possible to kneel after your knee replacement due to discomfort from the scar.

Leg swelling

Leg swelling is quite common after the operation. It tends to improve each night with rest and elevation. If the swelling becomes painful, particularly in your calf, then you need to seek advice, as one of the possibilities of swelling in the first 6 weeks post-operatively is a deep vein thrombosis (explained earlier). The vast majority of swelling settles over 2-3 months, although some minor residual swelling for up to 12 months following the surgery is common.

Nerve damage

During the operation nerves in your leg can be damaged, but this is extremely rare. Nerve damage causes numbness and tingling in your leg. In the rare event of a serious nerve injury this may cause weakness in your ankle or foot. Most people make a full recovery.

Instability

If your knee gives way or buckles, this can interfere with your daily life and can be painful. This is usually due the muscles being weak after the surgery. The knee may feel a little unstable in the first few months, but this will settle as the knee becomes stronger. In the unlikely event that you have significant persisting instability, you should seek advice.

Persisting pain after a knee replacement

Your knee may carry on hurting despite the operation. Your surgeon will investigate to see if a cause can be found, but sometimes they will not be able to find one. Usually the pain will improve, but this can take several months and a background ache may persist. A Total Knee Replacement is an extremely good operation, with excellent long term results. 70,000 cases are done each year in the UK alone. 85-90% of all patients undergoing a knee replacement are extremely happy with the result and would have the surgery again, or recommend it to a friend. However, a small number of patients are never happy with the result of their operation.

If you have any questions or need advice or information, then phone the Orthopaedic Ward, Orthopaedic Education and Follow Up Clinic or the Occupational Therapy department and they will do their best to help.

Orthopaedic Education and Follow Up Clinic - 01256 313580
Orthopaedic Ward D1 - 01256 313681
Occupational Therapy and Physiotherapy - 01256 313205

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