

Department of Trauma & Orthopaedic Surgery

KNEE REPLACEMENT

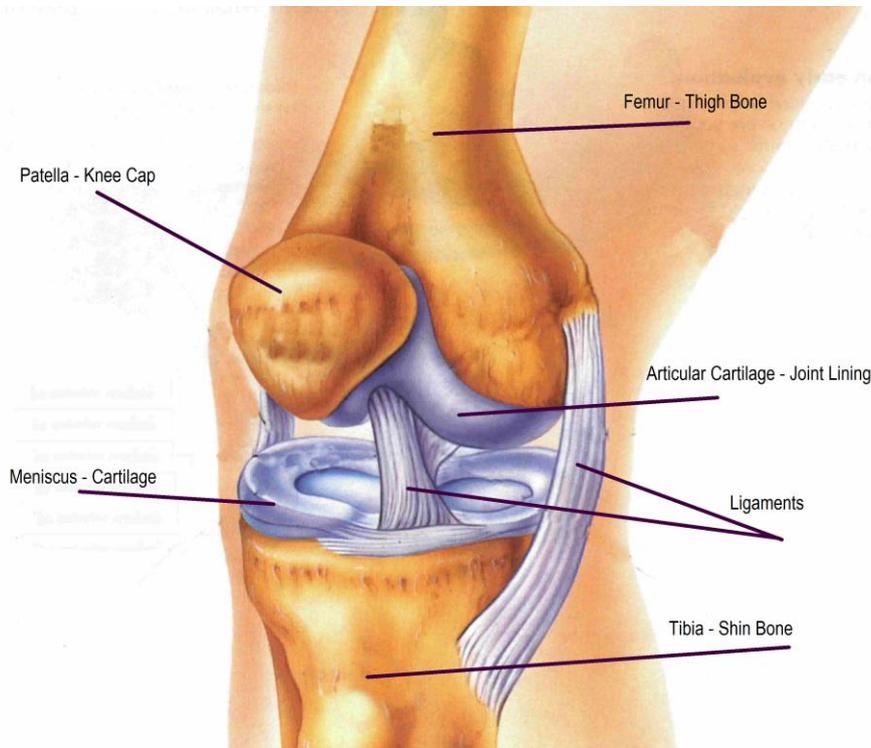
further information



INTRODUCTION

About the knee

Your knee has three parts: your thigh bone (the femur), shin bone (the tibia) and knee cap (patella).



The ends of the bones are covered with an extremely smooth substance called articular cartilage which provides a smooth surface that allows the bones to move freely over one another, a little like two ice cubes moving against each other.

The joint is held together with tough bands of tissue called ligaments, and is lubricated with a special fluid.

Osteoarthritis is a wear and tear process in which the articular cartilage (the joint lining) is destroyed, and usually occurs over many years. It also tends to run in families. Once joint surface cartilage has been damaged or destroyed the knee loses its ability to glide smoothly and pain, catching and stiffness can result. Once this cartilage has been damaged it cannot repair itself.

Osteoarthritis can also occur following trauma, injury or following infection in the knee. Rheumatoid arthritis is less common than wear and tear arthritis and is due to inflammation.

What is a Total Knee Replacement?

Total knee replacement surgery involves removing a small amount of bone from the end of the thigh and top of the shin. That is why we call it a resurfacing procedure. The bone is replaced with a metal “shell” that sits on the end of the thigh bone, a metal “tray” that sits on the shin bone and a plastic insert that sits between the two. They are fixed into place with specialised bone cement.

A plastic button may be used to resurface the back of the knee cap if needed.



An artificial knee is not, and will never feel like, a normal knee. It can however:

- Provide you with a significant reduction in pain
- Correct deformity i.e. give you a straight leg
- Reduce symptoms such as giving way and locking
- Improve your mobility - in particular walking and stair climbing
- Improve your quality of life

How long will my knee replacement last?

A total knee replacement will eventually “wear out”. The rate at which this occurs depends on a number of factors such as activity levels and weight. In a sedentary individual 90-95% of total knee replacements are functioning well at 10 years. The failure rate is then approximately 2% per year. In a young active patient the failure rate is much greater. There is no guarantee that your particular implant will last a specific length of time.

Why do total knee replacements fail?

The most common reason for failure in a knee replacement is “loosening”. This is most commonly due to wear and tear. In a very small minority of patients the knee replacement fails because of serious infection. If the knee replacement does fail it can invariably be changed and replaced. This is called a revision knee replacement. However, it is a much bigger operation than the first (primary) replacement and the results are rarely as good.

Will I have restrictions after surgery?

A knee replacement is designed to reduce pain and improve quality of life. They are not intended for impact activity, which should be avoided to maximise the lifespan of your new knee. Golf and gentle doubles tennis are the sort of activities that would be recommended following this surgical procedure. Any significant impact activity such as jogging should be avoided. Other activities to stay fit and active are encouraged.

Will I notice anything different about my knee?

Your knee will be swollen following the surgery. The initial swelling settles within a few days, but some swelling will persist for several weeks. Some swelling of the lower leg and ankle is common for up to a year. You will notice some numbness on the outside of your shin; this is in no way debilitating and will become much less noticeable with time. The knee will feel warm for up to twelve months. You may also notice some clicking as you move your knee due to the artificial surfaces moving and coming together.

When will I be able to return to work?

We recommend that most people will need at least six weeks off from work. Patients with more sedentary jobs may be able to return to work sooner. The timing of your return to work will depend on your progress and commitment.

When will I be able to drive?

It is likely that you will not be able to drive for 6 weeks from the time of your surgery, especially if you are having a right sided knee replacement.

Further Information

Exclusive video content and in-depth information relating to major hip and knee orthopaedic procedures, as carried out by the Orthopaedic Team at Hampshire Hospitals NHS Foundation Trust, can be found at

<http://www.hipandknee.tv/>

National Joint Registry (NJR) Website

<http://www.njrcentre.org.uk/>

National Institute for Health and Clinical Excellence (NICE) Website

<http://guidance.nice.org.uk/>

NHS Website

<http://nhs.uk/>

British Orthopaedic Association Website

<http://www.boa.ac.uk/>

Arthritis Research UK Website

<http://www.arthritisresearchuk.org/>

More information about anaesthesia at

<http://www.rcoa.ac.uk/>

If you have any questions, problems or need advice once you are at home, 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](#)

If you are treated for a DVT (blood clot) or are prescribed antibiotics for problems with your wound, please contact: **Orthopaedic Joint Review Clinic - 01256 313459**

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