

Below, we have provided some basic information for your benefit. Please use this information as an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

Knee surgery

Knee replacement or **knee arthroplasty** is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve the pain and disability caused by osteoarthritis. It may be performed for other knee diseases such as rheumatoid arthritis and psoriatic arthritis. In patients with severe deformity from advanced rheumatoid arthritis, trauma, or long standing osteoarthritis, the surgery may be more complicated and carry higher risk. Osteoporosis does not typically cause knee pain, deformity, or inflammation and is not a reason to perform knee replacement.

Other major causes of debilitating pain include meniscus tears, cartilage defects, and ligament tears. Debilitating pain from osteoarthritis is much more common in the elderly.

Knee replacement surgery can be performed as a partial or a total knee replacement. In general, the surgery consists of replacing the diseased or damaged joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee.

The operation typically involves substantial postoperative pain, and includes vigorous physical rehabilitation. The recovery period may be 6 weeks or longer and may involve the use of mobility aids (e.g. walking frames, canes, crutches and reachers) to enable the patient's safe recovery and return to preoperative mobility.

In knee replacement surgery (arthroplasty), a damaged, worn or diseased knee is replaced with an artificial joint.

Knee replacement is a routine operation for knee pain when the knee joint has been severely damaged, most commonly by arthritis.

There are two main types of surgery, depending on the condition of the knee: total knee replacement and partial (half) knee replacement.

More than 70,000 knee replacements are carried out in England and Wales each year, and the number is rising. Most people who have a total knee replacement are over 65, and just over half of all patients are women.

Candidates for knee replacement surgery need to be well enough for both a major operation and the rehabilitation afterwards.

Outlook

Wear and tear through everyday use means that your replacement knee will not last forever. However, for most people it will last for at least 15-20 years, especially if the new knee is cared for properly and not put under too much strain.

Revision knee replacement surgery (replacing the replacement knee) is usually more complicated and a longer procedure than the original surgery. There is no set limit to the number of times you can have revision surgery, but it is widely accepted that the artificial knee joint becomes less effective each time it is replaced.

Research has also shown that patients become less satisfied with their artificial knee each time it is replaced. This is one reason why knee replacement is less likely to be recommended for younger patients.

What you can do.

Take your medicine as directed:

- Call your doctor if you think your medicine is not working as expected. Tell him or her if you are allergic to any medicine. Keep a current list of the medicines, vitamins, and herbs you take. Include the amounts, and when, how, and why you take them. Take the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.
- Antibiotics: This medicine helps prevent or treat an infection. After a total knee replacement, you are at a higher risk of getting infections.
- Non-steroidal anti-inflammatory medicine: This family of medicine is also called NSAIDs. Non-steroidal anti-inflammatory medicine may help decrease pain and inflammation (swelling). NSAIDs may also be used to decrease a high body temperature (fever). This medicine can be bought over the counter NSAIDs can cause stomach bleeding or kidney problems in certain people. Always read the medicine label and follow the directions on it before using this medicine.
- Pain medicine: You may be given medicine to decrease or take away pain. Your doctor or nurse will tell you how much to take and how often to take it. Do not wait until the pain is too bad before taking your medicine. The medicine may not decrease your pain if you wait too long to take it. Tell your doctor, nurse or caregiver if the medicine does not decrease your pain, or if your pain comes back too soon.
- Blood thinners: Blood thinners are medicines that help prevent blood clots from forming. Clots can cause strokes, heart attacks, and death. Blood

thinners make it more likely for you to bleed or bruise. If you are taking a blood thinner:

- Watch for bleeding from your gums or nose. Watch for blood in your urine and bowel movements. Use a soft washcloth on your skin and a soft toothbrush on your teeth. This can keep your skin and gums from bleeding. If you shave, use an electric shaver. Do not play contact sports, such as football.
- Be aware of what medicines you take. Many medicines cannot be used when taking medicine to thin your blood. You're your dentist and other professionals involved in your care that you take blood-thinning medicine. Wear or carry medical alert information that says you are taking this medicine.
- Take this medicine exactly as you have been prescribed and report to your caregiver right away if you forget to take the medicine, or if you have taken too much. You may need to have regular blood tests while on this medicine. Your doctor uses these tests to decide how much medicine is right for you.
- Attend all follow up appointments whether is for blood test, examination of your knee, physical therapy or x-ray.

Physical therapy

You may need to have physical therapy. A physical therapist will help you with exercises such as knee bending, sit-stand-sit exercises, straight leg raises, and heel slides. You may also be asked to do leg stretching, squatting, and ankle bending and stretching. You may need to begin a walking program, or use an exercise bicycle. These exercises help strengthen the bones and muscles around your knee joint. These exercises may also help your knee heal.

Compression stockings

You may be asked to wear compression stockings. These tight stockings put pressure on your legs after your surgery. Wearing pressure stockings helps blood flow through your blood vessels to help prevent blood clots. When blood clots form in your leg veins and block blood flow, it is called deep vein thrombosis (DVT). Ask your doctor, nurse or physiotherapist for more information about DVT, and what you can do to help prevent it.

Using ice:

Ice causes blood vessels to shrink, which helps decrease swelling, pain, and redness. You may put crushed ice in a plastic bag and cover it with a towel. Place this over your knee for 15 to 20 minutes every hour as long as you need it. Do not sleep with the ice pack on your knee. Doing this can result in frostbite.

Preventing falls:

Falls can cause bone fractures (breaks). Ask your caregiver for more information on how to prevent falls. You may need to use a shoe lift, knee brace, crutches, a cane, or a walker. These items can help you walk, and decrease your chances of falling. Use your crutches, cane, or walker correctly. Ask your caregiver for information on how to choose and use crutches, a cane, or a walker.

What to do to help your wound heal

- **Do not drink alcohol.** Alcohol is found in adult drinks, such as beer and wine. Alcohol can damage your brain, heart, and liver. Drinking alcohol can also make you more likely to get an infection after your surgery. Furthermore, alcohol could put you at significant risk of falls. Talk to your caregiver if you drink alcohol.
- **Eat healthy foods.** Eat a variety of healthy foods to give you more energy and help your wound heal faster. Some healthy foods are fruits, vegetables, whole-grain breads, low-fat dairy products, beans, lean meat and fish. Being overweight or obese may delay your wound healing. Eating the right foods can help you lose weight. Ask your caregiver to help you find the best eating plan for you.
- **Do not cross your ankle over your knee while sitting.** When you are sitting, do not cross your legs so that your ankle is placed resting on the knee where you had surgery. This position causes your implant to move out of place.
- **Stop smoking.** Smoking harms the heart, lungs, and the blood. You are more likely to have a heart attack, lung disease, and cancer if you smoke. Smoking can also delay wound healing. You will help yourself and those around you by not smoking. Ask your caregiver for more information on how to stop smoking if you are having trouble quitting.
- **Talk to your caregiver about taking vitamins.** Vitamin C and E, and minerals such as zinc may help wounds heal faster. They help repair tissues, and help your body fight infection.

- **If you have diabetes, keep your blood sugars in the range suggested by your caregiver.** It may take longer for your knee to heal if you have high blood sugar levels. Ask your caregiver for help managing your blood sugar levels.

Seek medical advice immediately if:

- You are unable to walk or move your leg, or your knee feels very stiff.
- You fell and hurt your knee.
- You have fainted (passed out).
- Your leg feels warm, tender, and painful. It may look swollen and red.
- You have chest pain or trouble breathing that is getting worse over time.
- You suddenly feel lightheaded and have trouble breathing.
- You have new and sudden chest pain. You may have more pain when you take deep breaths or cough. You may cough up blood.

Thank you