

PRE-OPERATIVE TOTAL KNEE REPLACEMENT INFORMATION

This information is to help you plan for total knee replacement surgery. It is not exhaustive, and is intended to be read in conjunction with the Australian Orthopaedic Association information sheet on Total Knee Replacement, which is available from Mr Jones.

Total knee replacement is surgery to replace a painful and arthritic knee joint with an artificial knee. While total knee replacement is major surgery, when it is performed appropriately and for the correct reasons it has excellent results. The goal of total knee replacement surgery is to give you a knee that allows you to perform your usual activities of daily living without disability. Remember though, that it is common for total knee replacements to click and that most people with a total knee replacement are aware of their prosthesis during day-to-day activity.

WHAT TO EXPECT BEFORE SURGERY

After the decision to perform the surgery has been made, you will be asked to have a set of blood tests, a trace of your heart rhythm (an ECG), an x-ray of your chest, and a test for infection in your urine. You may also be asked to attend a pre-admission clinic or to see a general physician. These measures ensure the surgery is as safe as possible. It is important that you have no pre-existing infections at the time of your surgery. For example, if you have a cough or cold, a tooth abscess, a urinary tract infection, or an ingrown toenail, you should delay your surgery until the infection has completely resolved.

Prior to your surgery you will be given instructions regarding admission time, fasting time, and what to do with your usual medications. Do not hesitate to call the rooms if these instructions are not clear. I will see you in the hospital prior to your surgery to confirm the surgery with you and mark the correct side. The surgery can be performed under spinal or general anaesthetic; you can discuss this with the anaesthetist, but remember that even if you have a spinal anaesthetic, you can be given medication so that you sleep through the

surgery and do not hear anything. The surgery itself takes about an hour and a half, but as time is also taken up with the anaesthetic and with waking up, it is common to be in surgery for about three hours or more.

FOLLOWING TOTAL KNEE REPLACEMENT

Immediately following surgery your knee will be bandaged up, but should feel reasonably comfortable. There will be local anaesthetic in the knee, and the anaesthetist will ensure you have adequate pain relief. When you are sufficiently awake and stable you will be moved to the ward. Often you are not in a single room for the first night or two after total knee replacement surgery – this so that the nursing staff can keep a closer eye on you so that your recovery is as safe and as comfortable as possible. In the hours following the surgery you will start to feel the local anaesthetic wear off – be sure to request pain relief from your nurse before the pain kicks in; it is much easier to keep the knee comfortable than to take away pain that has set in.

The day after your surgery you will have a blood test and an x-ray of the knee, and will be seen by a general physician (specialist doctor) to help avoid any complications. You will be given antibiotics for 24 hours following surgery to help prevent infection, and be given an injection of a low dose anticoagulant every day to help prevent clots in the leg. You should usually continue the low dose anticoagulant for at least ten days, but preferably a month, after the surgery.

WEIGHTBEARING

Your knee replacement will be stable enough for you to put all your weight through it immediately following surgery. Initially a physiotherapist may help you with this, as you become more comfortable and confident you will be able to start to mobilise independently, usually with the aid of a walking frame or crutches. You should continue to use crutches or a walking frame for as long as you and your physiotherapist feel you need to; this may be for a few weeks or even a few months.



SHOWERING

Under the bandage there will be a waterproof dressing. It is suitable for showering, but not for immersing in water such as a bath. If the dressing gets water underneath it, it should be changed with the help of your nurse, or your family doctor if you are at home. It is best if the initial dressing stays on until the wound is healed (about two weeks).

SWELLING

Swelling in the knee is common following after total knee replacement. The initial swelling following the surgery should be managed with ice; your nurse will help you with this. If you need to, use regular ice to help with swelling after you leave hospital, especially after activity or exercises. Continue for as long as you feel it is helpful – sometimes this is many weeks. Although many people find their swelling persists for up to two years following knee replacement surgery, significant swelling may indicate a problem. If you are concerned you should contact Mr Jones.

DRIVING

To drive safely you must be able to walk confidently without crutches, safely and confidently get into and out of a car, and be able to put sufficient force through both of your legs in order to brake in an emergency. I do not recommend driving for a at least 6 weeks after total knee replacement.

POST-OPERATIVE REVIEWS

I will review you daily while you are in hospital to ensure you are recovering well. A physician will also usually see you while you are in hospital.

TWO-WEEK REVIEW: If you go straight home from hospital I will see you in the rooms two weeks after your surgery to review the wound and ensure you are continuing to do well. If you go to rehabilitation I will usually see you at the rehabilitation hospital about two weeks after your surgery. Depending on which hospital you go to for rehabilitation, however, this is not always feasible and in such cases your wound will be reviewed by the rehabilitation doctor.

SIX-WEEK REVIEW: I will see you at about six weeks following surgery to ensure the knee is functioning adequately.

ONGOING REVIEWS: Most patients are seen at about six months and then again if required. Ongoing radiographic reviews are usually then arranged.

RESULTS AND POSSIBLE COMPLICATIONS OF TOTAL KNEE REPLACEMENT

The vast majority of people have successful total knee replacement surgery and a good outcome. Serious complications following knee arthroscopy are uncommon. Approximately 95% of total knee replacements last more than 10 years, and over 80% of patients report being either satisfied or very satisfied with their total knee replacement. Nonetheless, complications can occur. Though not an exhaustive list, the most important complications are detailed in the Australian Orthopaedic Association information sheet on Total Knee Replacement (available from Mr Jones) and are documented on the consent form

that is signed with Mr Jones prior to your surgery. A copy of this consent will be given to you prior to your surgery.

IMPORTANT INFORMATION ABOUT INFECTION

Every total knee replacement is at risk of infection. Overall, the risk is about 1%. Infection can occur at the time of surgery despite strict adherence to sterile technique, partly because no surgical preparation can completely eradicate the bacteria that normally live on your skin. Infection can also occur in a previously well functioning total knee replacement even years after the surgery, partly because bacteria can enter the bloodstream elsewhere in the body and lodge at the total knee replacement.

If you or if your doctor think that your knee replacement could be infected please let Mr Jones know **BEFORE** you take any antibiotics. Although antibiotics may be appropriate management of a wound infection, the most effective way of managing an infected total knee replacement is to establish exactly which bacteria is causing the infection before starting any antibiotics, and surgically wash the infection out of the knee. Occasionally the knee replacement needs to be removed to cure the infection. **ANTIBIOTICS ALONE WILL NOT CURE A DEEP JOINT INFECTION.** Antibiotics can, however, reduce the number of bacteria such that it might be impossible to establish a correct diagnosis. This can make it difficult to give you the most appropriate treatment and may compromise the success of managing an infected total knee replacement.

IMPORTANT INFORMATION ABOUT DENTAL WORK AFTER JOINT REPLACEMENT SURGERY

Dental work can cause bacteria in the blood which may infect your knee replacement, even years after surgery. I do not recommend you have any major dental work done in the 12 months following total knee replacement surgery. After your total knee replacement, whenever you have any dental work done that may cause bleeding I recommend you have a short course of an appropriate antibiotic. This recommendation is for the rest of your life. Let your dentist know you have a knee replacement so that an antibiotic can be prescribed before your dental appointment. Mr Jones can arrange a prescription if required.

IMPORTANT INFORMATION ABOUT BLOOD CLOTS

Although the low dose anticoagulant you are given following total knee replacement surgery considerably reduces the risk of developing a clot in the leg (DVT) or lung (PE), a clot can still occur.

If at any time in the weeks following surgery you notice pain and swelling in either of your calf muscles, you should see a doctor urgently so that an ultrasound can be performed to exclude a clot. Rarely, a clot in the leg can break off and become a clot in the lung. If you become acutely short of breath and/or experience acute chest pain or upper back pain, even weeks following total knee replacement surgery, you should call triple-0 and go to hospital via emergency ambulance for urgent assessment and management.