Noosa Orthopaedics and Sports Medicine

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Knee Replacement – Patient information

INTRODUCTION

Knee replacement (arthroplasty) surgery is a common procedure. It involves cutting away worn out bone and cartilage and replacing those articulating surfaces with a combination of metallic knee implants and highly specialized plastic (polyethylene). The procedure takes approximately 90 minutes and is performed under general anaesthetic. It is therefore important to ensure you have nothing to eat or drink 6 hours prior to the anaesthetic.

You will be very sore for 2 weeks, and uncomfortable for 2 months, so full time work if not possible before this time. You may be able to work from home, or light duties earlier than this, although a longer period off work is advised if able. You may drive a car once you are able to use the pedals safely and perform an emergency stop. It is your responsibility to make this decision; the exact timing will depend on which side is operated on and whether or not the car has an automatic gearbox but will not be before one month. The advice given here covers general advice for routine knee replacement, I will inform you on or before the day of surgery if your rehabilitation needs to differ in any way.

AFTER YOUR SURGERY

Once fully awake, the nurses will give you a cup of tea or coffee and a meal if required. A physiotherapist will then help you out of bed and assess your walking. Taking full weight through your new knee is safe, however your muscles and wound need time to recover so you will be advised to use crutches for a few weeks until they are no longer needed. You can go home once your pain in controlled with oral tablets and you can safely get yourself to the bathroom and back with crutches. The majority of patients go home after 3-4 nights in hospital, however referral to a rehabilitation facility can be made if more physiotherapy is needed.

You will wake up with bandaging around the knee. This will be removed and replaced with a tubigrip (support bandage) the day after surgery. This should be removed at night, when washing and when icing the knee but should be worn at all other times until your swelling has fully resolved (around 2 months). You will have two white “opsite” dressings over the incisions themselves which you should leave alone. These are removed when I review the wound at your post-op appointment. The opsite dressings are water-resistant but not waterproof. They will keep the wound dry if water splashes over them, but they will float off if you immerse them in water. The safest way to wash is therefore from a basin but, if the dressings are well stuck, a shower may be safe if you keep your knee out of the direct flow of the water and wrapped with Gladwrap. If the opsite dressings start to peel off, purchase a large waterproof plaster from your local pharmacy and stick it over the top but do not remove the original dressings if possible.

By 4 weeks you should be walking independently (over short distances) and may be able to drive a car, if comfortable. You need to accept some responsibility for when it is safe to start driving; if you are not ready to control the car in an emergency, you should not be driving.

CARE OF THE KNEE

For the first few weeks following surgery, you should focus primarily on reducing the swelling in the knee and retraining your quadriceps muscles. Pain and stiffness after surgery are common but should resolve quickly if you are able to control the swelling. This can be achieved using the acronym RICE:

- **Rest:** Try to spend the majority of the day sitting down. You will be able to get up and walk around but you should keep this to a minimum. Long periods of standing or walking will result in increased pain and swelling

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which will prolong your recovery. You should try to stay at home for the first 2 weeks after your surgery. For the following 6 weeks, you will need to take your crutches with you when out and about to reduce the strain on the knee.

- **Ice:** Place ice directly onto the knee every 2 hours for approximately 10 minutes. The best form of ice pack is a bag of frozen peas – these conform to the shape of the knee and retain their low temperature better than commercially available ice packs. If you have delicate skin or the ice is too cold for you, roll the tubigrip back over the knee and rest the ice on top of it.
- **Compress:** Wear your tubigrip at all times except when sleeping or showering.
- **Elevate:** When sitting down, try to rest your heel on a table or another chair so it is above the level of the hip.

If you are able to tolerate anti-inflammatories such as ibuprofen (Nurofen) or diclofenac (Voltaren), taking these regularly for a few days following surgery can also help reduce the swelling. If you experience symptoms of heartburn or stomach ache, stop this medication.

It is not necessary to perform any vigorous knee exercises in the first weeks after surgery. Focus initially on reducing the swelling; as you do so, the movement in your knee should improve. Work hard on ensuring the knee comes completely straight – resting your heel on a chair or table can help ('heel hangs'). In this position, you should practice keeping the leg straight, lifting it up and holding it there for 10 seconds ('straight leg raise') approximately 10 times per hour. Your requirement for formal physiotherapy will be discussed at your post-op follow-up appointment.

POSSIBLE COMPLICATIONS OF KNEE REPLACEMENT

Arthroplasty surgery is safe but all surgical procedures involve a degree of risk. Possible complications include:

Infection: This is very rare but can damage the knee permanently if it is not treated quickly. If you experience a fever or increasing knee pain and swelling after surgery, contact me or attend your local hospital Emergency department immediately. Please do not start antibiotics without seeing me first, as often the knee is simply swollen but not infected.

Deep vein thrombosis (DVT): Small blood clots below the knee are quite common but rarely cause problems. However, blood clots in the thigh or pelvis are much more likely to spread to the lungs, which can become a serious complication (PE or pulmonary embolus). The overall risk of these clots with modern arthroplasty techniques and early postop mobilisation is quite low, although the incidence is higher in those with a past history or family history of clots. Medication to thin the blood can decrease the risk of clot formation but must be balanced against the increased risk of bleeding and wound complications. For most patients I feel the best balance is early mobilisation, and daily Aspirin 100mg for 4 weeks following the surgery. If you are much higher risk, I may prescribe alternative medication. Early mobilisation is very important to minimise clots as it pumps the stagnant blood around your leg, so we will have you moving your ankle, lifting your leg, and walking as soon as able after the surgery.

Numbness: The lateral side of the incision is numb after surgery; however, this partially recovers with time.

Stiffness: Some people have great difficulty with stiffness after the surgery. If the stiffness is resistant to strong pain relief and dedicated physio after the first month, then the knee may have to be manipulated under anaesthetic (MUA) to try to break down the early scar tissue before it becomes mature. This involves another stay in hospital.

Persistent pain: Arthroplasty surgery is major surgery, and certainly your pain will be worse soon after the surgery than before. On average, your knee will be very sore for 2 weeks then uncomfortable for 2 months. About this time, most people feel their knee pain is finally better than it was before the surgery. If not, don't be alarmed as the knee will continue to improve for about a year following the operation.

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Finally, if you have any questions with regards to your surgery or post-operative rehabilitation, please feel free to contact my secretary.