

## What are the risks?

A knee replacement is generally a safe surgical procedure. For most people, the benefits in terms of improved mobility and less discomfort, are greater than the disadvantages. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

### Side-effects

These are the unwanted but mostly temporary effects of a successful procedure. After surgery, your knee is likely to be swollen and sore to move for up to three months. The skin over the knee and scar are likely to feel numb. Sometimes this is permanent.

Your bowels may take a while to return to normal. You may have difficulty passing urine on the first day or so. A catheter (a thin tube) may be inserted into the bladder to help urine flow.

### Complications

This is when problems occur during or after the operation. Most people will not be affected. The main possible complications of any surgery include an unexpected reaction to the anaesthesia or excessive bleeding during or soon after surgery. A blood transfusion may be

required to replace excess blood loss. Some of the complications specific to a knee replacement are listed here.

- Infection of the wound or joint. Antibiotics are given during and after surgery to help prevent this.
- The incision may not heal properly because the thin skin over the knee doesn't have a very good blood supply.
- For up to six weeks afterwards, there is a higher risk of developing a blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. It's usually treatable, but it can be a life-threatening condition. Compression stockings, intermittent compression pumps and blood-thinning injections are used to help prevent DVT.
- The new joint may be unstable due to stretching of the ligaments. It's possible for the kneecap to become dislocated. Occasionally, small cracks in the knee bone result in a fracture and you may need further surgery to treat this.
- Rarely, nerve damage near the knee can affect movement in the ankle which may be permanent.
- The operated leg may be a slightly different length. Sometimes a raised shoe on the shorter side is necessary.

The chance of complications depends on the exact procedure you are having and other factors such as your general health. You should ask your surgeon to explain how these risks apply to you.

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## Patient information Having a knee replacement

This leaflet provides some information about having a knee replacement. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice.

Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

### What's involved?

During a knee replacement, the damaged or worn parts of the thigh and shin bones, which form the knee joint, are replaced with metal and plastic parts that glide over each other smoothly.

The operation is usually done under general anaesthesia, which means that you will be asleep during the operation. However, for some patients, epidural or spinal anaesthesia is preferable. This completely blocks the feeling in your legs but you stay awake.

Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case. For more

information, please see the separate Spire Healthcare patient information leaflets, *Having a general anaesthetic* and *Having a local anaesthetic or sedation*.

You will be in hospital until you are able to walk safely with the aid of sticks or crutches. This will probably be three to five days after your operation.

An artificial joint will usually last for at least 10 years, after which it may need to be replaced. Your surgeon will explain the benefits and risks of having your knee replaced, and will also discuss the alternatives to the procedure.

## Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it within three days.

Two or three weeks before your operation you will be asked to attend a pre-admission clinic for a blood pressure check and routine blood and urine tests. A nurse or physiotherapist will talk to you about your needs at home, so that any necessary arrangements can be planned before you go into hospital.

If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions:

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions in your admission letter. Typically, you must not eat or drink for about six hours before the operation. However, some anaesthetists allow occasional sips of water until two hours beforehand.

When you arrive at the hospital, your nurse will explain how you will be cared for during your stay and will do some simple tests such as checking your heart rate and blood pressure, and testing your urine.

You may be asked to wear an elasticated compression stocking on the unaffected leg to help prevent blood clots forming in the veins in your leg (deep vein thrombosis, DVT).

Your surgeon will usually visit you before the operation, and the leg to be treated will be marked clearly. This is a good time to ask any unanswered questions.

## Consent

If you are happy to proceed with the operation, you will be asked to sign a consent form. This confirms that you have given permission for the operation to go ahead.

You need to know about the possible side-effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

You will also be asked to consent to your name being placed on the National Joint Register, which is used to follow up the safety, durability and effectiveness of joint replacements.

## About the operation

A single cut (usually 15 to 30cm long) is made down the front of the knee. Your kneecap will be moved to one side so the joint can be reached. When the joint has been replaced, the cut is closed with stitches or clips. The operation usually takes one to two hours.

Afterwards, your knee will be tightly bandaged to help minimise swelling. Fine plastic drainage tubes may also be left in for up to 48 hours.

## After your operation

You will be taken from the operating theatre to a recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken back to your room.

## Back on the ward

When you feel ready, you can begin to drink and eat, starting with clear fluids.

For the first day or so, you may have an intermittent compression pump attached to special pads on your lower legs. By inflating the pads, the pump encourages healthy blood flow and helps to prevent DVT. Afterwards, you may also have compression stockings on your legs.

The physiotherapist will visit you every day to guide you through exercises to help you recover. You will be encouraged to move your new knee from the first day after the operation. You may be asked to use a continuous passive motion machine which gently moves your knee, gradually increasing the amount of movement each day.

For more information about exercise, please see the Spire Healthcare patient information booklet, *Knee replacement*.

Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse, anaesthetist or surgeon.

## Going home

You will need someone to drive you home. Before you go home, your nurse will advise you about caring for the healing wound, hygiene and bathing. Your nurse will also arrange a follow-up appointment for you.

For more information about caring for the healing wound, please see the separate Spire Healthcare patient information leaflet, *Caring for surgical wounds*.

## After you return home

If you need them, continue taking painkillers as advised by the hospital.

You may be asked to wear compression stockings for several weeks at home. They are difficult to put on and take off, and you will need someone to help you with this.

You will be able to move around your home and manage stairs, but you will find that some routine daily activities, such as shopping, are difficult for a few weeks and will need to ask for help.

When you are not walking, you should rest with your leg raised from time to time to help prevent swelling in the leg and ankle.

It's crucial that you continue with the exercises recommended by your physiotherapist, as these will aid healing and help you recover more quickly.

Follow your surgeon's advice about driving, and returning to work. The length of time you need to take off will depend on your particular occupation. Your new knee will continue to heal for at least six months.