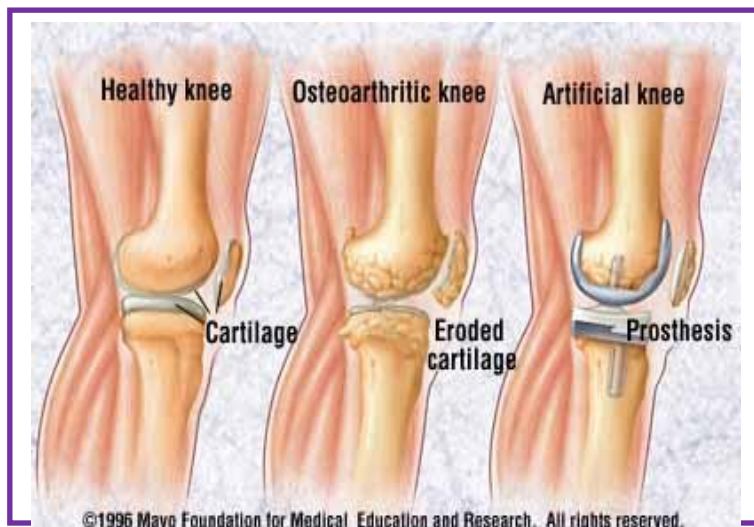
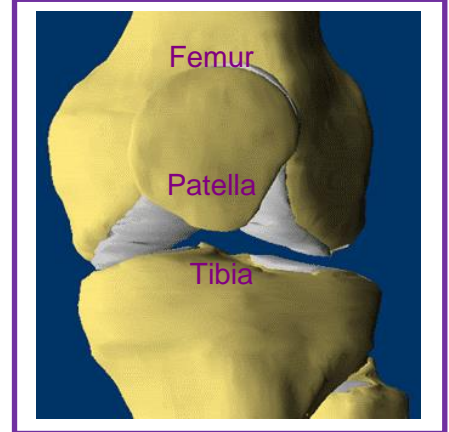


KNEE REPLACEMENT

The Knee The knee is an engineering marvel. More than a simple hinge, it has one of the widest ranges of motion of any joint in your body. Not only does it bend, but it also slides, glides and swivels. Time and injury can affect parts of the knee and pain, swelling and stiffness can result.

A degenerative knee can severely affect your ability to lead a full and active life.

Symptoms The symptoms of a degenerative knee joint usually begin as pain while weightbearing. A limp or swollen knee may also result. The degeneration may lead to a reduction in the range of movement. As the condition becomes worse the pain may persist all the time and even keep you awake at night.



Common Cause The most common reason for surgery is osteoarthritis, in which the articular surfaces of the knee deteriorate leading to bone rubbing on bone. This can cause severe pain, limitation or loss of function and/or deformity of the joint.

Other Treatments Before surgery is recommended other treatments have usually been tried, such as anti-inflammatory and pain management medication, physical therapy, avoiding activities that cause pain, Synvisc injections and, if necessary, weight loss. An arthroscopy has usually been performed to assess the damage and clean up the joint (*chondroplasty and/or debridement*) and sometimes this can often give temporary relief and

postpone the need for knee replacement. If these have not been effective, surgery is usually the next option. This can either be in the form of *total replacement* or *uni-compartmental replacement* (where only the affected part of the knee is replaced)

Knee Replacement Since the 1970s knee replacement surgery has offered people with chronic debilitating knee pain a chance to resume an active lifestyle. Knee replacement surgery involves removing or resurfacing parts of your knee joint (*femur / tibia / patella*) with a prosthesis made of metal and plastic. Pain relief comes from replacing the diseased bone or tissue with new knee parts.

The Operation Knee replacement surgery is usually performed under a general anaesthetic and takes about two hours. Much of the operation focuses on getting your joint ready for the new knee. An incision is made and the muscles, kneecap and connective tissues are moved aside. The diseased bone is removed. Special cutting jigs are used on both the femur and tibia to make sure that the bone is cut in the proper alignment to the leg's original angles. The prosthesis is then fixed in place. There are a number of prostheses on the market for both total knee replacement and uni-compartmental knee replacement. Mr Crowe will decide on which will be suitable for your particular needs.

An artificial knee is not a normal knee, nor is it as good as a normal knee, but should provide pain relief for at least ten years.

Hospital Stay

- The usual stay in Hospital is somewhere between 7 to 10 days for knee replacement surgery.
- Post-operatively you will be prescribed antibiotics to prevent infection and anticoagulant medication to prevent blood clots
- A physiotherapist will see you in hospital to help you get used to your knee.
- Please discuss any special requirements you may have with the hospital staff.

Preparing for the Operation

To prepare for this surgery there are certain procedures that we follow:

- We usually arrange for all patients to be examined by a physician to assess suitability for surgery.
- Autologous blood (your own blood) is usually required to be collected for the surgery. If you are not suitable for autologous blood collection this will be obtained from the Blood Bank.
- Routine pathology (blood and urine tests) are ordered, together with a chest x-ray and ECG.
- An appointment with the hospital is encouraged to prepare you for the operation and your return home.

You will need to:

- Consult your physiotherapist for an exercise program to be commenced prior to and continued after your operation.
- Prepare your home and arrange assistance from family and friends.

Return to Activities

When you return home you will most likely need crutches or a walker for several weeks, and then a cane for another three to six weeks. After this recovery period you should be able to resume many of your favourite activities, walking, dancing, golfing, swimming and bicycling.

Follow-up Visits

The hospital staff will organise a post-operative appointment for you in Mr Crowe's rooms prior to discharge. Follow-up visits are important for Mr Crowe to see how you are progressing. Infrequently problems do occur, such as infection and loosening, but for most patients their new knees are a new lease of life.

Complications

The most common complications are not directly related to the knee and usually do not affect the result of the operation. These complications include urinary tract infection and blood clots. Post-operatively you will be prescribed antibiotics to prevent infection and anticoagulant medication to prevent blood clots.

- Other complications may be stiffness, infection or loosening of the prosthesis. In a small number of cases further surgery may be required.
- If after your total joint replacement you are to undergo any dental procedures or other surgical procedures please inform your treating doctor that you have undergone a joint replacement and there may be a need for prophylactic antibiotics. There is a slight risk that a skin infection or the shedding of bacteria in to the blood stream from dental or urological procedures may in fact predispose to infection in a joint replacement, although this risk has been shown recently not to be as great as first thought, however prophylactic antibiotics for any of these conditions would be worthwhile and your general practitioner will be able to supervise this.
- Likewise, if you notice any skin or surface infections then please see your general practitioner as quickly as possible and have these treated as he thinks appropriate with antibiotics.

Raymond Crowe