



Spire Healthcare

Treatment summary

Knee replacement operation

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.

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 ten 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.

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.

While you are in hospital, a 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.

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.

Some of the complications specific to a knee replacement are:

- 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.
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. You may need further surgery to treat this.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain in more detail how any risks apply to you.

To find out more about having knee replacement surgery in a Spire Healthcare hospital, please contact your local Spire hospital.



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