

KNEE REPLACEMENT ARTHROPLASTY SURGERY

What is wrong with your knee?

You have arthritis in your knee joint. The beautiful, smooth, glistening articular cartilage that allows the joint to move is worn out. Bone is now grinding against bone.

Besides the grinding, there is pain, swelling from inflammation and stiffness with loss of movement.

When the pain worries you day-to-day and at night, despite simple analgesia or anti-inflammatories, and the joint is worn out on x-ray, total knee replacement surgery becomes an option.

What I recommend

Based on your description of the problem, my physical examination and review of the X-rays, I believe knee replacement would be helpful for you. The indications for surgery are persistent pain interfering with your activities of daily living, sleep, work and/or sports.

Are any other options available?

Non-operative options are available including more painkillers, anti-inflammatories, hot and cold packs, resting your knee, physiotherapy and even stationary bike. If you are not ready for surgery we can trial these treatment options.

Sometimes these treatments can take the edge off your discomfort, however gradually the arthritis continues and the symptoms can increase.

What happens in surgery?

During surgery, I make a cut at the front of the knee, lift the knee cap out of the way and then remove the worn out surfaces of the knee, the shinbone and the femur, and replace them with metal parts, and in between them fit a plastic insert which acts as the new joint.

We place a drain to drain away any excess blood.

We close the knee and wrap it in supportive dressings.

Do the replacement parts wear out?

The new joint is made of metal and plastic. This bearing surface is not as good as the one you were born with and is therefore better to do a joint replacement in an older patient.

In younger patients or patients like farmers and labourers, who do a lot of lifting, the plastic can wear and may even need revision surgery.

Most people however only require one surgery, particularly if they are relatively older.

What kind of anesthesia is used?

We use a combination of general and spinal anaesthesia with local anaesthetic injections.

If you don't need a complete general anaesthetic, my Anaesthetist will sedate you so that you quietly doze while listening to music while I operate.

The anaesthetist will see you before your operation to discuss this with you.

What is it like when you wake up?

After surgery you will awake in the recovery room. There may be some drains coming from your bandaged knee, the nurses will be taking your observations and checking your pain control and you'll have an x-ray.

How long will you stay in hospital?

Usually people stay for 5 nights. The main reason for this is make sure your pain is well controlled, you can perform your rehab exercises safely and you can manage to care for yourself.

Sometimes you will need to stay in a rehab hospital for a week or 2 to make sure you are safe to go home.

What about complications?

Knee replacement surgery is significant and complex, complications do occur.

The most common complication is DVT: where the blood clots in the calf or thigh. This can cause swelling and pain. This needs to be treated by injections, and we need to stop the clot from breaking off, travelling to the lung as a pulmonary embolus.

I think one of the worst complications is infection, which occurs in 1-2% of patients and may require oral antibiotics, antibiotics by injection, and further surgeries. This is a disaster, something that the hospital, the nursing staff and I go to great lengths to prevent.

Nerve injury can result in partial or complete, temporary or permanent loss of feeling and/or movement particularly in the hand. This occurs about 1% of the time, but fortunately, is usually only temporary.

Implant loosening or wear of the plastic insert can occur with time or after a major injury.

Sometimes a significant fall can even break the bone surrounding replacement this often requires surgery.

Is a blood transfusion needed?

A blood transfusion is a possibility. About 1/2 of my patients receive 1-2 units of blood. Other things being equal, sometimes we can re-infuse the blood that comes from your drain instead of using a blood transfusion.

If you cannot, for whatever reason, pre-donate blood, you may require blood from the blood bank, and although risk of reaction or infection are small they are real.

How successful is the surgery?

This type of surgery is successful about 80-90% of the time. No knee operation is 100% successful in every individual but the procedures we perform are reliable and will help restore the potential function in your knee.

The operation is most successful at relieving pain. What is harder to accomplish is the return to vigorous work and/or sports. Whether you can return to your previous level is an individual matter and depends on the damage to your knee, how well it heals, how well you rehabilitate.

The knee is good for simple household activities and walking, gentle golf and bowls. Sometimes is not good enough for heavy lifting, farm work or labouring.

When can you return to routine activities?

You can shower and sit out of bed 24 hours after surgery.

You can walk with a pickup frame 2 to 3 days after surgery.

When you discharge from hospital, you may require a stick.

Some people can return to driving within eight weeks.

You can't travel in a train or bus for eight weeks, as you might take a tumble in the crowd and break your knee.

Swimming: You can swim and do hydrotherapy from 2-3 weeks when the wounds have completely healed, doing no kick or trailing behind.

Golf: You can get back to pitch and put golf stroke at 3 months, driving range for irons at 4-5 months, 9 holes at 5 months and 18 holes +/- cart at 6 months.

Tennis: Light groundstroke tennis at 4-5 months and doubles tennis 5-6 months.

When can you return to work?

Some people get back to office work at 4 weeks, but most people would take 8 weeks off work.

Non-office workers can get back to light duties at 2 to 3 months.

Farmers and heavy labourers could return to medium labour at 4-6 months.

Postoperative Consultations?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incisions.

Your next visit occurs six weeks after surgery, 5 and 12 months, then each year.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte or Endone to take as breakthrough painkillers or on going to bed at night

However almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the knee comfortable by positioning it on a pillow.

Regular icing with the Body Ice pack: 30mins on 4 times daily and after exercises or physio is very helpful.

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap"; my Assistant will provide you an accurate quote for the surgery fee, the Anaesthetist fee and Assistant Surgeon fee.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

How do you schedule surgery?

Contact my Assistant on (02) 9409 0500.

What if you have more questions?

Please feel free to call me in my rooms on (02) 9409 0500 and I'll call you back as soon as I can.

GREGGORY BURROW