South East ORTHOPAEDIC SURGERY

PATIENT INFORMATION: KNEE ARTHRITIS

Knee arthritis is a condition where the cartilage, or the articular surface of the knee, has worn away. There are three compartments in the knee – medial (inside), lateral (outside) and patellofemoral (kneecap). One, two or all three of these compartments may be affected.

Why does the knee hurt if it has arthritis?

This is still a matter of ongoing research. Some patients have complete cartilage loss and significant x-ray changes and have relatively little pain. Some patients have minor changes on x-ray and severe, debilitating pain. Stress hormones, body fat percentage, employment status and smoking all play a role in the degree of pain and inflammation experienced by a patient.

What can cause knee arthritis?

In many patients the exact cause of arthritis is uncertain. It is certainly associated with trauma, obesity and ligamentous laxity. Knee arthritis can also be due to inflammatory conditions such as rheumatoid arthritis, where the body has an inflammatory reaction against its own joint tissue. Other causes can include gout, infection or malaignment of the knee.

What are the non-operative options?

It is important to trial non-surgical treatment options first. This would include, importantly, weight loss. It has been shown that fatty tissue actually mediates inflammatory chemicals that collect in arthritic joints, making the joint more inflamed and painful. Losing some fatty (or adipose) tissue reduces the inflammatory mediators and may eliminate the need for a patient to undergo major surgery.

Other non-operative options include physiotherapy to strengthen the quadriceps muscles and address any contractures. Occasionally bracing can help. Analgesia such as paracetamol and ibuprofen can help control pain. An injection into the joint may help relieve some pain temporarily.

What are the surgical options?

For many patients with knee arthritis, a joint replacement can be a good solution for the pain. Joint replacements can include the entire knee (total knee replacement) or in some cases only one of the compartments of the knee (partial knee replacement).

How long does a knee replacement take?

A total knee replacement can take up to two hours.

Do I need a general anaesthetic?

This will be discussed with you prior to surgery. Knee replacements can be done under a spinal anaesthetic or general anaesthetic, and this can be supplemented by nerve blocks. Each patient is different so the type of anaesthetic most suitable for the patient is a very individual decision made between the patient and anaethetist.

What happens afterwards?

Patients are in hospital for as long as they need to be to recover. Some patients recovery very quickly and are home within two days. Some patients require a longer stay in hospital for pain relief, nursing support or to manage any complications. Occasionally a period as an inpatient in a rehabilitation unit is required.

Physiotherapy commences immediately after the operation. It is important that the knee is encouraged to bend early to avoid any contractures – this can be a painful process. Patients are asked to mobilise with crutches day one post-operatively and can hopefully raise their leg off the bed by themselves 48 hours post-operatively.

After two weeks, the wound is checked and any stitches removed. If the wound is clean and dry, it is reasonable to commence hydrotherapy or swimming.

A check-up with the treating surgeon six weeks post-operatively is normally done to check the range of motion, quadriceps strength and ensure the patient is able to mobilise relatively comfortably.

Over the next three to twelve months, the pain and swelling subsides and patients generally resume driving, playing low-impact sport like golf and return to work.

What are the risks?

In the majority of cases, a knee replacement is an effective procedure that can significantly improve quality of life. However, it is a major operation which comes with inherent risks. Some of these risks include:

Heart attack, stroke and death – these are very rare events but are serious risks of a joint replacement. This can occur either during or in the first few days following a procedure. The risk of heart attack, stroke or death is higher in someone with pre-existing heart disease, vascular disease or diabetes.

Infection – the risk of infection is around 1 in 100 patients for an osteoarthritic knee. Deep joint infections can be devastating, requiring multiple procedures, prolonged antibiotic treatment and sometimes removal of the implant altogether while the infection heals.

Deep vein thrombosis (DVT) – these can develop in the deep veins in the legs during or after surgery. Part of a clot can break off and travel to the lungs (called a pulmonary embolus). Very rarely this can be fatal. To lower the risk of DVT patients are encouraged to mobilise, foot pumps are applied and some blood thinning agents may be used for some patients.

Failure of the implant – the prosthetic replacement can wear over time resulting in loosening, polyethylene wear and fractures. On average, around 4-8 people per 100 knee replacements will need a revision after 10 years.

Knee swelling and pain – some people, up to 20%, have ongoing unexplained swelling or pain in their knee months to years after their surgery.

If you have any questions or concerns about your joint replacement please don't hesitate to contact the surgery:

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