



---

# LONDON KNEE SURGERY

Mr. Enrique Saavedra LMS FRCS

## **Total Knee Replacement Knee Arthroplasty**

### ***PROCEDURE:***

The knee is an important hinge joint and as it is weight-bearing can be prone to “wearing out”. Arthritis is painful and disabling and you and your surgeon may have decided that a knee replacement may be your best option.

A knee replacement is a surgical procedure, in which the injured or damaged running surfaces of the knee are replaced with artificial parts which are secured to the bone.

If you have any X-rays of your own please remember to bring them with you to the hospital.

You will be seen by the surgeon before the operation. They will take this opportunity to draw (mark with a pen) on your leg. This is to make sure the correct leg is operated on. If you have any questions, this might be a good time to ask them.

An anaesthetic will be administered in theatre. This may be a general anaesthetic (where you will be asleep) or a local block (e.g. where you are awake but the area to be operated is completely numbed). You must discuss this with the anaesthetist.

A tight inflatable band (a tourniquet) may be placed across the top of the thigh to limit the bleeding. Your skin will be cleaned with anti-septic solution and covered with clean towels (drapes). The surgeon will make an incision (a cut) down the middle of the knee. The knee capsule (the tough, gristle-like tissue around the knee) which is then visible can be cut and the knee cap (patella) pushed to one side. From here, the surgeon can trim the ends of the thigh bone (femur) and leg bone (tibia) using a special bone saw. Some surgeons also remove the underside of the knee cap.

*cont.*

Using measuring devices, the new artificial knee joints are fitted into position. The implants have an outer alloy metal casing with a “polyethylene” bearing which sits on the tibia. A polyethylene button is sometimes placed on the underside of the knee cap.

When the surgeon is happy with the position and movements of the knee, the tissue and skin can be closed. This may be done with stitches (sutures) or metal clips (skin staples). The clips and stitches will need to be removed around 10 days after the operation.

Drains may be used, and if so can be pulled out easily on the ward in a day or two.

When you wake up, you will have a padded bandage around the knee. If you are in pain, please ask for pain killers. If you have pain, it is important that you tell somebody.

You will go for an X-ray the day after the operation and will be encouraged to stand and take a few steps.

You will be visited by the physiotherapy team, who will suggest exercises for you. It is important to do these (as pain allows).

### **ALTERNATIVE PROCEDURE:**

Knee replacements are usually performed on patients suffering from severe arthritis (although there are other reasons). Most patients are above the age of 55yrs.

Other alternatives include – Losing weight,

Stopping strenuous exercises or work

Physiotherapy and gentle exercises

Medicines, such as anti-inflammatory drugs (e.g. ibuprofen or steroids),

Using a stick or a crutch

Arthroscopy

Using a knee brace

Cartilage transplant

Knee fusion (arthrodesis)

Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.