

Total Knee Replacement

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The aim of surgery is to reduce pain, improve function, improve overall quality of life and mobility. Overall success rate is 95%.

What to Expect

- 3-5 days in hospital
- 2 weeks of swelling and discomfort requiring significant pain killers
- 6-12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

Possible Complications of Surgery

- Wound infection
- Deep joint infection
- Deep vein thrombosis (DVT)
- Fracture
- Nerve injury
- Component failure
- Revision surgery
- Dislocation
- Limb loss in extreme circumstances
- Heart attack
- Chest infection
- Pulmonary embolism

Risks

- 5% chance of minor complication
- 1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery
- Extremely rare chance of death

Post Operation Wound Care

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

After your Knee Replacement: A Rehabilitation Guide

The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist. Exercises should be performed within pain and comfort. Notes below in italics are guidelines intended for your Physiotherapist.

Weeks 0-6

- Use your walking aid for as long as you require it. Try to walk as close to a "normal" walking pattern as possible eg. with an even step length on both sides.
- Ensure you take adequate pain relief medication.
- You can use ice for pain relief, for 10-15 minutes, 1-3x/day. Continue to check that your skin is ok whilst using the ice.
- Ensure adequate rest for your knee during this stage. Minimise activities that make your swelling worse, such as excessive walking. When resting, you can elevate your leg (above heart level) to assist in minimising swelling.
- If sleeping on your side, try using pillows between your knees or to support your upper leg for comfort. Do not use pillows under your knee when sleeping on your back.
- The main aim during this stage is to increase your knee bend, and secondly to straighten the knee.
- *Do set exercises 1-3 times/day: eg. range of movement of knee flexion and extension; Inner Range Quadriceps strengthening; maintain hip strength.*
- Where possible, the set exercises are best performed when your knee is warm (after a shower or short walk) and/or half an hour after pain relief medication is taken. Ice can be used after performing exercises.

Weeks 6-12

- You are allowed to use a stationary bike if desired. Initially for 5 minutes with no resistance, increase duration and then resistance gradually over time, as is comfortable. A Physiotherapist can guide you with this.
- You can swim gently once the wound is 100% healed (not before 4 weeks). Avoid frog kick initially. Walking in water is a good form of exercise for your knee.
- You are able to drive from 6-8 weeks, when you feel safe and competent to do so. You may need to check with your insurance company to ensure that you're covered to drive.
- You may be able to return to work between 4-10 weeks, depending on your job. Please discuss this further with Mr Spencer.
- *Continue to improve the range of movement, balance and strength of your knee.*

Week 12 +

- From 3 months you can resume activities such as bowling, gardening and golf.
- Avoid high impact activity such as running, aerobics and high intensity cycling.
- Maintain a normal weight for your height and body build in order to minimize wear on your prosthesis.
- *Rehabilitation: Continue to improve the range of movement, proprioception and strength of your knee.*
- *Include single limb stance exercises for balance, as you are safely able to do.*
- Your knee can continue to improve for the first year.