



DISCHARGE INSTRUCTIONS – TOTAL KNEE REPLACEMENT (TKR)

Knee replacement involves replacing the bearing surfaces on the ends of the bones with a synthetic surface. This is usually metallic on the femur and plastic on the tibia. The surface of the kneecap can also be replaced.

Knee replacement involves a hospital stay of between 4 and 7 days (2 to 5 for partial replacements). In most instances patients are able to go directly home and inpatient rehabilitation is not required. When you are discharged you will be walking with the aid of two elbow crutches and will be independent in terms of showering and dressing.

The main problem that patients face after a knee replacement is getting their movement back. Pain levels vary considerably from one individual to another, but most people find the period from 24 hours to 72 hours after surgery the most difficult. It is important to keep working at the exercises, particularly bending the knee. This applies both in hospital and after discharge.

RISKS

Knee replacement procedures are usually very successful. However, they are associated with some risks and although these are uncommon, they do need to be kept in mind in assessing whether this type of surgery is warranted. These risks include:

Wear and loosening: With time, the bearing surfaces do have a tendency to wear. As a result, small particles of debris are produced. The body's reaction to these particles can cause loosening of the components which in turn can cause a recurrence of pain. This may necessitate a second (revision) operation which is usually a significantly more complicated procedure and usually does not give as good a result.

Venous thrombosis: This is a blood clot in the veins of the leg and occurs more frequently after knee replacement surgery than other types of surgery. Precautions are taken to reduce the risk, and this may involve the administration of a daily injection of a blood thinning agent (low molecular weight heparin). Additional measures may be taken if it is felt that you are at greater risk than the average person undergoing surgery. If a venous thrombosis does occur this will usually need to be treated with blood thinning injections followed by anticoagulant tablets (Warfarin) which would need to be continued for at least three months. A small but nonetheless important risk for venous thrombosis is the potential for the blood clot to break off and lodge in the lungs (pulmonary embolus). This can cause significant breathing problems and very rarely can be fatal.

Infection: Infection can occur after any operation. It is potentially more serious following joint replacement surgery as it is more difficult to eradicate. This can mean that further surgery is required including the possibility of removal of both components for a period during which antibiotics are given intravenously. If the infection has been eradicated another knee replacement is then performed. Occasionally the knee may need to be permanently stiffened (arthrodesis).

Stiffness: As mentioned earlier, the biggest challenge after a knee replacement is to regain knee movement, especially flexion (bending). Sometimes stiffness is a persistent problem and a manipulation

under an Anaesthetic is required. This involves coming back into hospital, usually for one night. Occasionally the stiffness may be permanent and may cause difficulties with activities of daily living.

Despite all these potential problems, most patients are very happy with their procedure and recover quite quickly from surgery.

After Surgery: Following surgery adequate provision is made for pain control. This may involve an infusion of morphine, which you are able to control yourself. The anaesthetist and nursing staff will explain to you what is to be used in your situation prior to the operation.

Physiotherapy will commence on the first day following surgery. You will usually get out of bed on the first day after surgery. Initially you will walk with a walking frame and later with crutches. The physiotherapist will guide you through the various phases of rehabilitation.

Usually, you can be discharged directly home from hospital. The length of hospital admission varies considerably but is usually somewhere between 5 and 7 days. You will not be discharged until the physiotherapist believes you are safe to go home and before you are confident to go home. Occasionally it may be appropriate to transfer you to a rehabilitation hospital. This decision is usually made during your hospital admission. A follow up appointment will be made for you, usually at two or four weeks after the operation.

You will notice that your knee is warm and swollen for some time after surgery. This has usually settled significantly by three months from surgery, although the swelling may persist for a further few months. You will also notice that the skin on the lateral (outside) side of the incision will be numb. This is normal. The area of numbness usually decreases a little with time but there will always be some numbness of the skin in this area. However, it does not usually cause any problems.

Running Low on Medication: Reminder that our practice closes at 3pm on Fridays. To ensure you receive your script in time, please contact our rooms prior to 12pm to request further medication.