Total knee replacement

Why do I need a knee replacement?
The purpose of knee replacement surgery is to cut away damaged bone of the knee joint and replace it with smooth, artificial implants known as a prosthesis. This prevents the bones rubbing together and provides a smooth pain-free knee joint. The most common reason for knee replacement surgery is osteoarthritis.

Knee replacement illustration
1. Upper prosthesis
2. Lower prosthesis
3. Tibia
4. Femur

What can be expected of a total knee replacement?
An artificial knee replacement is not a normal knee, nor is it a good as a normal knee. The operation will, however, provide complete, or nearly complete, pain relief in 90 to 95% of patients for up to 10 years. It will allow those people who gain pain relief to carry out the normal activities of daily living. It will not, however, allow patients to return to active sports or heavy labour.
Activities must be avoided which overload the artificial knee. Most patients with stiff knees before surgery will regain useful motion. Some will still have stiffness although pain is usually reduced.
Risks/complications
As with any operation, knee replacement surgery has risks as well as benefits. Most people who have a knee replacement have no problems at all. Complications occur in about 1 in 20 cases, but most of these are minor and can be successfully treated.

- Deep vein thrombosis or DVT is a blood clot in the veins of your leg
- Stiffness in knee
- Persistent knee pain
- Dislocation of patella (knee cap) usually 5-10 years post surgery
- Infection in knee joint
- Haematoma (swelling due to bleeding) in thigh

Will I need anything special at home?
The occupational therapist will assess your requirements and order any appropriate equipment to help you once you are at home.

Getting in and out of bed
Get in and out of bed on the OPERATED side wherever it is possible. If your bed at home cannot be moved, take care not to let the leg roll in, as you get in and out. Sit down on the edge of the bed, push yourself further onto the bed and then keeping your legs TOGETHER and straight swing them onto the bed.
Reverse the procedure when getting out of bed.

Getting in and out of a car

Getting in
- Slide the passenger seat back to give you as much leg room as possible.
- Recline the passenger seat to give you more room.
- Put a cushion/pillow on the seat to raise it up a little higher
- Put a large plastic bag on the seat to help you ‘move’ easily (reduces friction)
- Sit down bottom first using car door edge to steady you
- Grip both legs together or hook the foot of the un-operated leg under the operated leg or have someone to help you lift the leg into the car

Getting out
- Turn 90° so both legs are on the ground outside the car. Use the car door edge to help you stand
- Then have someone pass the crutches to you

Surgeons generally recommend that patients do not drive their car for a minimum of 6 weeks after the operation. Some insurers have their own conditions regarding return to driving after an operation. Check your policy documents.
Stairs
Always use a handrail, if available. Move one step at a time.

Going up:
- good foot up first
- operated leg
- then crutch

Going down:
- crutch down first
- then operated leg
- then good leg

Walking aids
You will be given an appropriate walking aid when you are discharged from the hospital and you will be advised how long to use it for.

Sitting: how to sit down
It is advisable to sit in a high firm-backed chair with arms. You must feel for the chair with the back of your legs and for the arms of the chair with your hands, sit down with your operated leg placed out in front of you taking the weight of your good leg.

The same procedure is used for the toilet

Often your operated leg will be supported on a stool to prevent ankle swelling.

Do not sit for too long if there is any ankle swelling it is better to rest on the bed rather than to sit. Always avoid low sofas.

Do not turn or twist your body when standing on your operated leg or when sitting down.

You should not rest your knee on a pillow as this causes the knee to bend slightly and may prevent the knee from fully straightening again.

Dressing
It is useful to use the opposite hand to the operated leg when putting on socks, stockings, etc.
If you have any difficulty, ask for a stocking aid or long-handled shoe horn.

Returning to sport/exercise
Exercises such as swimming (once your wound is well healed) and cycling can be started after a couple of weeks, but take things slowly at first. For other sports ask your consultant or physiotherapist

Work
It depends on your job. It is possible to return at 8-10 weeks for those that do not perform manual work. Your surgeon will advise you when to return to work.
**Bathing**

It is not advisable to get into a bath for 6 weeks. If you have a walk-in shower, this is ideal. If however there is a high step up to the shower you may need a block or small stool to help you get in and out. Bath seats and boards can be obtained from certain shops.

**What exercises should I do?**

Your knee will be quite stiff after the operation, by starting some exercises early and regularly, you will increase the bend of your knee and the strength of your muscles around the knee.

It is important to regain your knee bend and thigh muscle strength as soon as possible for the best results.

1. **Heel slide lying down**

   Lying down, slide your heel up by bending your knee and hip, bend your knee as much as possible hold 5 seconds repeat 10 times

2. **Heel slide sitting**

   Slide your foot back towards the chair, bend you knee as much as possible. Hold for 5 second repeat 10 times
3. Knee extension

Laying on your back bend your ankles towards your head and push your knee down into the bed. Hold 5 seconds, repeat 10 times.

4. Straight leg raise

Lying on your back with your operated leg straight and the other knee bent. Exercise your straight leg by lifting the leg 10 cm off the bed. Hold for 5 seconds repeat 10 times.

5. Bottom squeeze

Lying or sitting down, firmly squeeze your buttocks together. Hold 5 seconds, repeat 10 times.

- You should try and do the exercises about 3 times a day
- If you find that the exercises are increasing pain at rest then you should reduce them.
- You should also go outside for a short walk each day and slowly increase the distance you are walking as pain and swelling allows.

*If any of the exercises or advice in this leaflet causes your symptoms to worsen please stop the activity and seek advice from your doctor.*