British
Orthopaedic
Association

AFFIX PATIENT DETAIL STICKER HERE	NHS Organisation…………………
Forename…………………………..	Attending Consultant………………
Surname……………………………	Job Title……………………………
Hospital Number…………………...	
D.O.B…../……./……	

OPERATION: …… Knee Replacement
(…… Knee Arthroplasty)

PROCEDURE: The knee is an important hinge joint and as it is weight-bearing can be prone to "wearing out". This is a simplified reason for why arthritis occurs. 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 felt 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 a cut (an incision) 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 remove 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.

Using measuring devices, the new artificial knee joints are fitted into position. The implants are 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 clip (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).

please be aware that a surgeon other than your consultant but with adequate training or supervision may perform the operation

ALTERNATIVE PROCEDURE: Total 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 – stopping strenuous exercises or work,
Losing weight,
Physiotherapy and gentle exercises,
Medicines, such as anti-inflammatory drugs (e.g. ibuprofen or steroids),
Using a cane or a crutch,
Using a knee brace,
Cartilage transplant,
Knee fusion (arthrodesis)
Arthroscopy
Total replacement

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.

RISKS

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Pain: the knee will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a chronic problem. This

may be due to altered leg length or any of the other complications listed below, or sometimes, for obvious reason.

Bleeding: A blood transfusion or iron tablets. May rarely be required. Rarely, the bleeding may form a blood clot or large bruise within the knee which may become painful require an operation to remove it (Haemarthrosis).

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. The risks of developing a DVT are greater after any surgery (and especially bone surgery). DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism – PE). This is a very serious condition which affects your breathing. Your surgeon may give you medication to try and limit the risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and moving early is one of the best ways to prevent blood clots from forming. A DVT may be life threatening.

Knee stiffness: may occur after the operation, especially if movement post-operation is limited. Manipulation of the joint (under general anaesthetic) may be necessary.

LESS COMMON: (1-2%)

Infection: You will be given antibiotics just before and after the operation and the procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the prostheses may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

Prosthesis wear: Modern operating techniques and new implants, mean around 80% of knee replacements last over 15 years. In some cases, this is significantly less. The reason is often unknown. The plastic bearing is often the most commonly worn away part

Altered leg length: the leg which has been operated upon, may appear shorter or longer than the other. This may require a further operation to correct the difference or physiotherapy.

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a knee brace

Nerve Damage: efforts are made to prevent this, however damage to the small nerves around the knee is a risk. This may cause temporary or permanent altered sensation around the knee. There may also be damage to the Peroneal Nerve, this may cause temporary or permanent weakness or

altered sensation of the lower leg.

Bone Damage: the thigh bone may be broken when the prosthesis (false joint) is inserted. This may require fixation, either at time or at a later operation.

Blood vessel damage: the vessels at the back of the knee may rarely be damaged. This may require further surgery by the vascular surgeons or very rarely amputation.

Confirmation of consent :

The doctor has explained the above complications, risks and alternative treatments to me as well as not having the procedure.

I hereby give my consent for the above procedure

Signature………………………………………………………

Print name…………………………………………………….....

Date………./…/20…

2nd Confirmation………………….............…… .Date…………/…..20….

NAME of SURGEON (Capital letters)………………………………..

SIGNATURE of SURGEON………………………………………….

POSITION…………………………………………………………..

I also give consent for my notes and data to be used in any studies and trials in the future □
Signature ………………………………….Date………………………

If you have any complaints about your treatment or your care, you are always encouraged to discuss them with your surgical team.

However, if you wish to complain to the trust, each hospital will have a PALS or Patient Advise and Liaison Service. The head nurse on the ward or out patients' clinic can direct you to them. The PALS team will treat all complaints seriously.