

The St Vincent's Private Sydney Health Series...

TOTAL KNEE REPLACEMENT- The Frequently Asked Questions

Total Knee Replacement (TKR) is one of the most successful operations of the 21st century in restoring quality of life and function for patients with severe arthritis of the knee joint. The last 5 years has seen an explosion of improved techniques and surgical methods to make the operation faster, safer and more reliable.

Am I a candidate for knee replacement?

The main indication for TKR is:

- Disabling pain making life miserable.
- Bone on bone arthritis
- Difficulty with walking or exercise

The traditional non-operative methods of treatment in the early stages of arthritis is worthwhile to avoid an operation, including; diet, non-impact exercise, anti-inflammatory tablets, paracetamol tablets and activity modification. However there is no cure for arthritis in 2018 apart from joint replacement surgery.

About 20% of our patients have both knees replaced at the same time if necessary with no change in the risk or outcome for single TKR.

Other considerations are:

- Range of motion of the knee, and
- Being fit enough for an anaesthetic

Arthritic knees generally get stiffer in time sometimes without much change in pain. In other words, very stiff knees with difficulty straightening or bending, generally are stiffer knee replacements than average.

How long do knee replacements last? Can I have it done again?

A TKR done well with modern alignment techniques and expert pain management and rehabilitation in a high volume specialised unit can be expected to last a lifetime, given that most patients are in their 50's or 60's when they are operated.

The "revision rate" for knee replacements is consistently 0.5% per annum. This means that the chance of your TKR lasting 20 years is 90%.



Xray of knee showing severe bone on bone arthritis suitable for TKR

How is the operation done and what is the recovery?

It usually takes about 90 minutes to perform and is done under combination spinal and local anaesthesia. The accuracy of the operation is improved with the use of **computerised navigation** allowing less trauma and quicker recovery. We encourage our patients to stand and walk on day 1, with discharge home or to rehabilitation unit around day 5. We routinely perform ultrasound scans of the leg to detect clots which can travel in the circulation.



For the first 6 weeks, we encourage gentle bending and straightening without resistance, walking, pool and exercise bike. You will be reviewed at 6 weeks to assess progress. Recovery is defined as the patient being happy and back to doing normal regular activity, which is usually 3 months. Long-haul air travel is discouraged until recovery. Most patients continue to improve strength, function and movement for up to 1 year.

What is the success rate of TKR and what can go wrong?

"Success" is largely determined by the patient's satisfaction, and has been consistently around 95% in St Vincents Private Hospital for many years.

The most common complications in order of frequency is stiffness, pain, bleeding, DVT and infection. The infection rate at St Vincents Private Hospital for joint replacement is one of the lowest in Australia at 0.3% (The accepted rate worldwide is 1%).

In order to avoid infection many precautions are taken pre and post arrival to hospital, including showers at home with Chlorhexidine, closed operating rooms dedicated for joint surgery, design of our operating suites, meticulous surgical techniques with minimal soft tissue trauma, sealed wounds with dissolving sutures and wound glue, and control of bleeding.

The important message is don't leave it too late.



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The St Vincent's Private Department of Orthopaedic Surgery

provides a complete adult orthopaedic and trauma service.
For a full list of our services and specialists visit www.svphs.org.au

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