

Knee Replacement risks

Knee replacement surgery is first and foremost a pain relieving procedure, which will usually improve mobility too.

Non-operative options for the management of knee arthritis should always be considered before proceeding to surgery.

It is important to know that I cannot give you the knee you had in your youth and that knee replacement surgery is a compromise. 89% of patients feel better after their knee replacement but some ongoing discomfort or low grade pain is quite common. Most people with a knee replacement will know they have an artificial joint in place. Up to 20% of patients may experience pain or pain syndromes and a small minority have significant ongoing pain after knee replacement surgery.

Total knee replacement is a significant operation and carries the following risks:

- Bleeding

Medicine is administered to allow your blood to clot more efficiently during the surgery, blood transfusion is rarely needed.

- Infection

Bacteria are present naturally in our environment, most of the time they cause us no harm but if they gain access to an artificial joint and reproduce then treatment can be very difficult. Before your surgery you will be asked to use a special skin wash to reduce the number of bacteria on your skin.

In the operating theatre multiple measures are taken to reduce risk including:

- administering antibiotics
- using antiseptic skin preparation
- using ultra-clean air filtration systems
- strict control of sterility

While a superficial infection can be treated with antibiotics, deep infection could require long term antibiotics and/or further surgery to remove the implants and then re-implant new ones.

It is also possible for infection to migrate from another part of the body (e.g. urinary tract, chest, or skin) long after surgery to infect a replaced joint.

- Damage to nerve, blood vessel, or ligament.

These are rare. Blood vessel injury would usually be identified and addressed at the time of surgery, it can sometimes require further surgery to correct.

Nerve injury can result in weakness/numbness of the lower leg and foot that can in some cases be permanent. Certain types of knee arthritis ('valgus' deformity) carry higher risk of nerve problems. All patients undergoing total knee replacement will experience some skin numbness around the outer edge of the scar. This is due to unavoidable division of small nerves supplying the skin. The area of numbness gradually shrinks with time and does not cause any harm.

Ligament injury can result in instability of the knee. This often requires use of a more complex type of knee replacement and is more common in severe deformity.

- Fracture of bone

Fractures occurring at the time of surgery are rare; they may require change of the implant type or further fixation during the surgery. They can slow your recovery slightly but don't usually change the results in the long term.

A later injury resulting in fracture near a knee replacement may require a further surgical procedure.

- Blood clot in the leg (DVT) or lung (PE)

These can be fatal, risk is reduced by use of blood thinners and other measures including compressive stockings, good hydration, and early mobilisation.

- Stiffness

In order to get maximum benefit from the surgery the knee movement exercises need to be started with physiotherapy on the day of surgery. If we wait for the knee to become comfortable before beginning physiotherapy it is too late and the knee remains stiff.

If this stiffness persists it can require a manipulation under anaesthetic to get it moving. In some cases the knee remains permanently stiff, causing significant disability.

- Instability

This is rare and can result in not trusting your knee fully. It can sometimes require revision surgery to change implant components or design.

- Malalignment

Knee replacement implants do their best to recreate the movements of the knee but cannot perfectly recreate the complex anatomy of the human knee joint. Jigs or robotic assistance are used to accurately position the knee components during surgery. While rare, a problem with implant positioning can result in ongoing symptoms which sometimes need further surgery.

- Wear/loosening

Most total knee replacements will last 10 years or more. If a knee replacement does wear out it usually needs further 'revision' surgery. This can be as simple as replacing a worn plastic bearing, or a more major procedure to change the entire implant system.

- Ongoing symptoms or dissatisfaction

These range from a perception of an artificial joint with the occasional mechanical 'clunk' felt, to in the worst case having a knee that continues to be painful.

- Serious complication

These risks are extremely rare but can include chest infection, heart attack, stroke, or threat to life and limb.

I would also recommend visiting the website [orthoconsent.com](https://www.orthoconsent.com) which outlines the risks and benefits of total hip replacement surgery (THR), and can be helpful in understanding the procedure.

- Ongoing joint wear in partial (unicompartmental) knee replacement

If a partial knee replacement is undertaken then there are areas of your own knee which are left unreplaced. In time these can progress to develop arthritis, known as 'adjacent compartment wear'. If this becomes symptomatic then you may require surgery to change the partial knee for a total knee replacement to improve your symptoms. The length of time this takes to develop can vary, 95% will still be performing well at 10 years but many factors can influence how long it will last.

If you have further questions please do contact us via Carebit or sally@medicalsecretaries.co.uk