

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 affected side of the knee. The knee capsule (the tough, gristle-like tissue around the knee) which is then visible can be cut. From here, the surgeon can trim the ends of the thigh bone (femur) and leg bone (tibia) using a special bone saw.

Using measuring devices, the new artificial knee joints are fitted into position. The implants have an outer alloy metal casing with a “polyethylene” bearing which sits on the tibia.

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.

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).

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 – Losing weight,
Stopping strenuous exercises or work,
Physiotherapy and gentle exercises,
Medicines, such as anti-inflammatory drugs (e.g. ibuprofen or steroids),
Using a stick or a crutch,
Using a knee brace
Arthroscopy
Cartilage transplant
Total knee replacement