PARTIAL (UNICOMPARTMENTAL) KNEE REPLACEMENT –
PATIENT INFORMATION – MR S. WHITE

You have been listed for a partial knee replacement. This operation is designed to reduce pain and stiffness from arthritis. At times it can be uncomfortable and hard work to recover from a knee replacement.

The average stay in hospital is 2 days. During your stay you will need to work hard with the physiotherapists to improve the range of movement in your knee. Some days your knee will feel very painful and bruised but it is important not to let your knee stiffen. You will be given painkillers to reduce the pain.
The length of stay will be determined by how hard you work at the exercises as well as your home situation and how quickly the wound heals.
You will be given an exercise programme to continue yourself after discharge. It is not routine to receive formal physiotherapy sessions after discharge.
Your knee will not improve by itself without hard work. The surgery and hospital stay is only the first part of the treatment process.

Complications after surgery

Approximately 96% of patients have a good result after surgery.
Complications can occur after such major surgery.

There is a small risk of a reaction or problem with the anaesthetic. This varies depending on your pre-existing medical conditions.

Thromboembolic disease

There is a risk of a thrombosis or clot developing in a deep vein (DVT). The risk of a clot requiring treatment is approximately 2-3%. A DVT can develop whilst in hospital or after discharge. This may require treatment with a tablet such as Aspirin or Warfarin. There is a very small chance of the clot spreading to the lung (Pulmonary Embolus). This is much more severe but fortunately rarer (less than 0.5%).
Measures to reduce the risk include use of compressive foot pumps, thromboembolic deterrent stockings, early mobilisation and blood thinning tablets.

Infection

Infection after joint replacement is a serious complication. It can be mild requiring tablet antibiotics or severe requiring further surgery. In rare instances the knee replacement may need to be removed to clear the infection. Once the infection is clear, it may be possible to reimplant a further replacement at a later stage. Fortunately the risk is below 1%.

Nerve/Blood vessel injury

There are major blood vessels and nerves around the knee. There is a small risk of injury to these.
It is common to get a patch of numbness next to the scar. This occurs quite commonly (possibly 4/10 patients) and is not classed as a major complication.

Pain

There is a risk that the surgery itself might leave you with some pain or ache in the knee. This may be a different pain to the arthritic pain. Some patients have knee pain that is referred from the back which may not improve with knee replacement.
Do not be reluctant to take painkillers for pain. Painkillers are designed to allow you to exercise your knee and prevent a condition called Pain Syndrome.

Stiffness

The final range of movement of the replacement depends on several factors – the surgery itself; how tight the knee was before surgery; the muscle function before surgery and the rehabilitation/exercise afterwards.

Fracture/Dislocation

If the bone is softer than expected there is small risk of fracture. This may require a period of reduction in weight through the leg with crutches. In a small number of cases it may require further surgery. There is a small risk of dislocation of the inner part of the knee replacement (<1 percent).

Mechanical symptoms

Knee replacements are a mechanical attempt to recreate a complicated joint. Some patients experience clunking or squeaking. This may be related to the plastic part of the replacement knocking on the metal part and are usually not a cause for concern.

Bruising/Swelling

A degree of bruising or swelling of the lower leg is to be expected. An increase in swelling with pain needs to be examined to exclude a DVT.

Kneeling

You are allowed to kneel after surgery, but some patients always find it uncomfortable and prefer not to do it. You may wish to try kneeling on a cushion.

Haematoma

There is a small risk of blood collecting in the knee. A small amount is normal. A larger amount may require return to theatre to wash it out. The risk is higher in patients taking Warfarin or Aspirin prior to surgery.

Failure

The replacement may wear out and require revision surgery in the future. The life of the replacement depends on body weight and activity profile. The majority of replacements would be expected to last 6-10 years in the average patient.
The parts of your knee that do not currently need replacing may develop arthritis in the future. If this occurs, the knee may need to be revised to a total knee replacement.

Unsuitability

If at the time of surgery there are arthritic changes in other areas of your knee, then I will have requested permission for a total knee replacement to be performed instead. The correct operation to give you the best form of pain relief, function and life-span of the replacement will be performed.

Reducing risk of Deep Vein Thrombosis / Pulmonary Embolism

My current strategy based on recommendations from the National Institute for Clinical Excellence (NICE) 2010 is as follows :

Thromboembolic stockings – wear for 4 weeks if possible

Foot pumps – whilst in hospital in bed

Blood thinning tablets (Apixaban) – for 2 weeks after the operation

Early mobilisation

These measures are designed to reduce the risk. However Deep Vein Thrombosis or Pulmonary Embolism can still occur despite these measures.

The tablets can cause bruising and swelling of the leg. There is a small risk of wound healing problems and blood forming within the knee that may require return to theatre for washout. However on balance I feel that the benefits of the tablets outweigh the risks.

Please discuss any issues or concerns you may have regarding these measures as it is important to try and prevent complications after your operation.