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TOTAL KNEE REPLACEMENT

FREQUENTLY ASKED QUESTIONS

How long will my new knee last?

It depends on your age and activity level. Younger, more active patients generally wear their knees out sooner than older, less active patients. If you are over 65 you will be unlikely to need a revision replacement. Studies have shown that about 5-10% of well performed knee replacements will need revision at 10 years, and most will last much longer.

Will I still have pain after a knee replacement?

You can expect to take analgesics for the first 3 months following knee replacement. After 3 months, occasional pain killers may be required. Some patients continue to experience pain but it is rarely as severe as the pain from an arthritic knee.

How long will I be “out of action” following knee replacement?

You should be home from hospital and rehabilitation after about 10 days. You are likely to limp and require a stick for the first 6 weeks, possibly longer. You are encouraged to take regular walks after you return home, increasing your distance each day. You should be OK to drive at 6 weeks and take long walks or play golf by 2-3 months.

When can I return to work?

It depends on your job. You should not plan to do any work for at least 4 weeks. You may return to office work as soon as your mobility allows, usually around 4 weeks. Light manual work can commence after 8 weeks. Heavier work involving bending and lifting should be delayed for at least 3 months.

What exercises should I do?

Regular walking is the best. Stationary cycling and pool based exercises are also acceptable. The physiotherapists at the hospital and rehabilitation unit will show you some specific exercises to help you regain strength and mobility. You may continue these exercises at home.

What should I avoid?

Impact activities such as running and jumping.

Can I engage in sport?

It depends on your general fitness level. Golf, social tennis and careful recreational skiing are unlikely to be harmful to your knee replacement.

Can I squat or kneel?

Half squats for exercise are acceptable. Deep squatting is neither usually possible nor desirable after a knee replacement. Kneeling is not harmful but may not be comfortable.

Any other effects?

You may notice some clicking from your knee. This is harmless and may settle in time. You will have an area of numbness on the front of your knee. This will not affect your knee function.

Sex?

No restrictions.

What are the possible complications?

There are lots! Fortunately they are also uncommon. The most serious complications are infection, blood clots and medical complications. Your medical team will institute measures to minimise the risks of complications. You will be given medications to prevent infection and blood clots and if required a specialist physician will see you pre and post-operatively to check up on your medical status.

Other possible complications include stiffness, joint laxity, fractures and more. A fuller list of potential surgical, medical, and anaesthetic complications is given at the end of this summary.

Remember, total knee replacement is a **safe procedure** with a **very high success rate** and complications are **uncommon**.

What kind of anaesthetic will I have?

Usually a general, often combined with a spinal or epidural for excellent post-operative pain relief. You will have the opportunity to discuss the anaesthetic with the anaesthetist in the hospital prior to surgery. The anaesthetists on my team are also very happy to speak to you at the hospital Pre Admission Clinic appointment prior to your admission.

What kind of knee replacement will I receive?

I use a proven design implanted using computer navigation, that utilises the most modern technology and the most effective and durable materials. You will receive a “state of the art” replacement. I use cemented and cementless implants, depending on the bone quality. The knee replacements that I use, whilst being of the highest quality, are currently “no gap” implants, so there are no out of pocket fees for the implants

What is your infection rate?

Less than 1%

How many knee replacements have you done?

I specialise in knee and hip surgery only. I have done more than 12,000 knee operations and more than 1,000 total knee replacements.

What about the experience of the anaesthetist?

The anaesthetists I use are very experienced.

Where can I get more information?

See the Australian Orthopaedic Association brochure on knee replacement surgery.

www.hipandkneesurgery.com.au

www.kneel.com

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