

Knee Replacement Surgery

KEY POINTS

- Knee replacement surgery is a procedure done to remove a painful, broken, or arthritic knee joint and replace it with an artificial knee joint.
 - Ask your provider how long it will take to recover and how to take care of yourself at home.
 - Make sure you know what symptoms or problems you should watch for and what to do if you have them.
-

What is knee replacement surgery?

Knee replacement surgery is a procedure done to remove a painful, broken, or arthritic knee joint and replace it with an artificial knee joint. Sometimes all the parts of the joint need to be replaced and sometimes you need just part of the joint replaced.

When is it used?

The surgery may be done when you have certain conditions that cause knee pain and limit your ability to do normal activities:

- Osteoarthritis, which is a disease in which the cushion in your joints (cartilage) breaks down, and the roughened cartilage or bone surfaces may grind against each other. It may be a long-term problem or happen after an injury to the joint.
- Avascular necrosis, which means that a reduced blood supply causes the bones in the joint to die and collapse
- A broken bone that has not healed with treatment over time, called a nonunion or a malunion
- Rheumatoid arthritis, which is an autoimmune disease that affects the lining of your joints. Autoimmune means that your body's defenses against infection attack your body's own tissue.
- A tumor in the joint

Imaging tests, such as X-rays, MRI, or CT scan, may help show what is causing your pain. Imaging tests may show that you have:

- Abnormal bone-on-bone contact causing pain in the joint
- Less than the normal amount of space between bones in the joint
- Osteopenia, which means the bone is not as solid (dense) as it should be
- Bone spurs (osteophytes), fluid-filled cysts, and abnormal hardening in the bone (sclerosis) that cause pain because unusual shapes form on the bone near the joint and can press against nearby nerves, ligaments, tendons, and muscles
- Dead bone

Symptoms may include:

- Your knee joint is very painful or is not working well.
- Pain is worse during and after bending, lifting, weight bearing, or with any physical activity.
- Pain is worse after not moving the joint.
- You have swelling, stiffness, popping, crackling, or limited motion in the joint.
- You have weakness in muscles around the sore joint from lack of use.
- You have changes in the shape of the joint because the cartilage wears away and the bones themselves start wearing down.

For some conditions, you may need surgery when other treatments, such as changes in activities, physical therapy, and medicines, have not helped.

You cannot have knee replacement surgery if you have an active infection anywhere in your body.

Knee replacement should relieve the problems of a stiff and painful knee. After surgery you should be able to move your knee more easily and with less pain. It will be easier for you to walk and do other activities. Most people return to normal activities.

Ask your healthcare provider about your choices for treatment and the risks.

How do I prepare for this procedure?

- Talk to your healthcare provider and to other people who have had the surgery. Knowing what to expect can help lessen anxiety about the surgery.
- Your healthcare provider may prescribe medicine to prevent blood clots from forming during and after the procedure.
- Your healthcare provider will tell you when to stop eating and drinking before the procedure. This helps to keep you from vomiting during the procedure.
- Tell your healthcare provider if you have any food, medicine, or other allergies such as latex.
- Follow your provider's instructions about not smoking before and after the procedure. People who smoke may have more breathing problems during the procedure and heal more slowly. It's best to quit 6 to 8 weeks before surgery.
- You may or may not need to take your regular medicines the day of the procedure. Tell your healthcare provider about all medicines and supplements you take. Some products may increase your risk of side effects. Ask your healthcare provider if you need to avoid taking any medicine or supplements before the procedure.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do. You have the right to make decisions about your healthcare and to give permission for any tests or procedures.

This surgery may be done as an outpatient or inpatient procedure. This means that you may be able to go home the same day as your surgery, or you may be in the

hospital for one or more days. Talk to your healthcare provider about where you will have your surgery. Before your surgery date, your provider will talk to you about how to plan for your care after surgery:

- Make plans for your care and recovery after you have the procedure. Find someone to give you a ride home after the procedure or when you leave the hospital. Plan to have a caregiver at home to help you until you can take care of yourself.
- Discuss pain control with your healthcare provider including medicine, elevation, cold therapy, and activity.
- You may meet with a physical therapist before surgery to learn exercises that will help you after surgery. If you can, increase your leg motions and general physical activity before surgery. The more fit you are, the easier it will be to recover from the surgery. Stay physically active as advised by your healthcare provider and therapist.
- Your physical therapist can teach you to use a cane, crutches, or a walker, and discuss how you will adapt your home to make it safe while you recover. Get equipment that will help you at home such as an elevated toilet seat, a shower seat, and grab bars or handrails. Remove rugs and anything that might cause a fall.

In general, younger, healthier people who are in good physical condition may go home sooner if pain and nausea are well controlled. You may need more time in the hospital if you have long-term heart, lung, liver, or kidney problems or other conditions such as diabetes.

If you and your healthcare provider think you might need extra help with recovery, you may first go to a rehabilitation (rehab) center before returning to your home. Deciding if a rehab center is needed depends on your fitness, your general health, your ability to do physical activities safely, and whether you have help at home.

What happens after the procedure?

After surgery, your knee will be covered with a padded dressing. You will be helped to get out of bed as soon as the day after surgery. For a day or two you may have a catheter, which is a small tube used to drain urine from your bladder. Special boots or support stockings will be put on your feet or legs to help prevent blood clots. You may also need medicine to help prevent blood clots. You will be given medicine to help control pain.

You will usually start physical therapy right away to help you learn to move around safely and to gain strength and movement as you heal. You will get instructions on what to do or not do as your knee heals.

The replacement knee is designed for usual day-to-day activities. You will need physical therapy for weeks to months after your surgery. Ask your healthcare provider to suggest physical activities that are safe for you.

Constipation is common after joint replacement surgery. It is often caused by narcotic pain killers as well as inactivity. You may be given a stool softener and a laxative after

surgery to avoid this. As soon as possible, start to eat a variety of healthy foods that include those high in fiber, and drink plenty of liquids as advised by your provider.

Ask your healthcare provider:

- How long it will take to recover
- If there are activities you should avoid and when you can return to normal activities
- How much weight can be put on your leg
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

Let all your healthcare providers, including your dentist, know that you have an artificial joint. If you get an infection, such as a gum, sinus, bladder, or skin infection, it should be treated right away. If you have a procedure, such as deep cleaning for tooth and gum problems or sinus surgery for infections, talk to your provider about taking preventive antibiotic medicine to protect your new joint.

What are the risks of this procedure?

Every procedure or treatment has risks. Some possible risks of this procedure include:

- You may have problems with anesthesia.
- You may have an infection, bleeding, or blood clots.
- Other parts of your body may be injured during the procedure.

Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

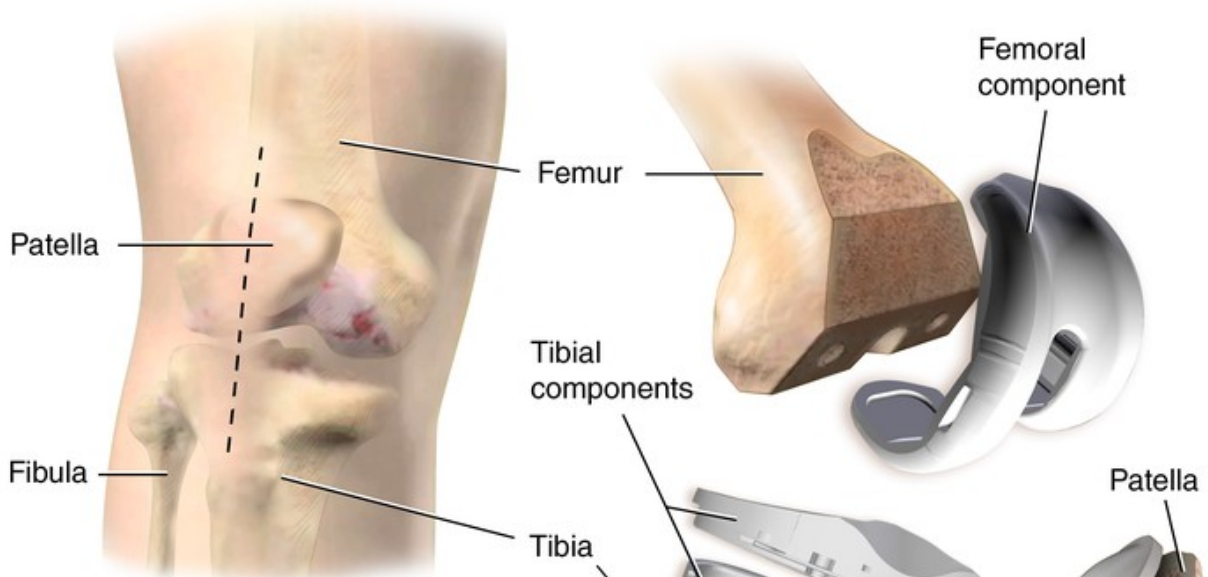
This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Developed by Change Healthcare.

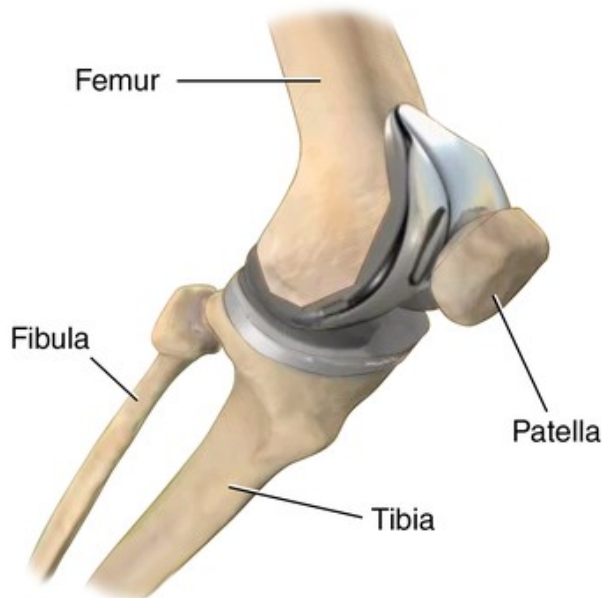
Published by Change Healthcare.

Produced in Cork, Ireland.

Knee Replacement



1. A cut is made in the skin over the knee (shown by the dashed line). The muscles are loosened and the patella is moved to the side.



2. The end of the femur (thighbone) is cut into a shape that matches the part of the artificial knee that will be attached to it. The end of the tibia (shin bone) is also cut to fit the artificial knee.

If needed, the patella (kneecap) is also cut flat and fitted with a plastic part.

3. The metal and plastic parts of the artificial knee are attached to the bones.

©2023 Change Healthcare LLC and/or one of its subsidiaries