

Common Questions Prior to Total Knee Replacement

Knee replacement (also known as knee arthroplasty) is an effective treatment for end stage arthritis of the knee. Common questions are answered below; feel free to call our office with additional questions.

What is knee arthritis?

Knee arthritis is a condition where the cushion between the two bones in the knee (cartilage) has worn out and deteriorated. This is most often due to slow gradual wear and tear, but can also be due to broken bones, vascular problems and infection.

What is a total knee arthroplasty?

The knee is a complex multi-axle hinge joint. In a total knee replacement, the entire knee is not removed. Instead surgeons “cap” then ends of the bone much the way a tooth is capped just clearly on a larger scale. In surgery, the surgeon removes 3/8 inch of bone from the femur (thigh) bone and 3/8 of bone from tibia (shin) bone. This bone is replaced with metal caps on the ends of the bone. In between the two metal pieces, the surgeon installs a high strength plastic “bumper” or insert so that the metal parts do not rub against each other. In this way, the damaged surfaces are replaced while leaving the majority of the bone around the knee intact.

When is it time to have a knee replacement?

Most of the time, knee replacement is an entirely elective procedure. You may delay it for months or even years with no increased difficulty for the patient or surgeon. You should not let anyone tell you that you “need” a knee replacement, because for the most part knee arthritis is certainly not a life threatening condition. The reason to get a knee replacement is to improve pain and function.

That being said, knee replacement is very successful relieving the pain and disability associated with knee replacement. If you have arthritis and knee joint pain and have either 1. pain that keeps you up at nite, or 2.you have progressed to walking with a cane or have other significant disability related to your knee, it may be time to consider knee replacement.

Do you use minimally invasive surgery?

Yes, I was specifically trained in minimally invasive techniques. Fifteen years ago, knee replacement was performed using a large incision and patients stayed in the hospital for a week. Now knee replacement can be performed through smaller incisions and patients make a much more rapid recovery.

However, my main focus is on building a durable reconstruction that will last for years, and we use a surgical incision length that will allow us to place your knee implants in an optimal position.

Where does the surgery happen?

The knee is replaced in a surgical procedure with the patient under anesthesia. Regional anesthesia is usually used which provides excellent pain relief both during and after the surgery. The surgery takes approximately an hour to an hour and a half. Patients usually are transferred from the operating room to the recovery room and then later in the afternoon go their hospital room. All surgery is performed in operating rooms specially designed for joint replacement.

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How long do I stay in the hospital?

Patients who do not have any additional medical problems can leave the hospital the same day as the surgery. This is provided they have an adult to stay with them the night of surgery. Other patients usually stay in the hospital for one night following a knee replacement. During that time we will be monitoring your vital signs and laboratory values. Most importantly, the physical therapists will be teaching you how to get around on your new knee.

Even patients who leave the same day as the surgery are evaluated by physical therapists and we make sure that patients can climb stairs, get in and out of a car, and maneuver in their simulated home environment.

What is physical therapy like after a knee replacement?

After your knee replacement, the physical therapists have an intense schedule to maximize your mobility. Patients receive both physical therapy in the hospital and then after they go home for a two week period. Making sure the knee straightens all the way and bends as much as possible is very important after knee replacement. The physical therapists assure that you are safe to walk, get in and out of a car and go up and down stairs. The best knee strengthening exercise after surgery is walking at a moderate pace.

Will I be in pain after knee replacement?

Most patients experience some amount of pain after knee replacement. Spinal anesthetic is used in the vast majority of patients which allows patients to be asleep during the surgery. Most patients however do not require a breathing (endotracheal) tube. Patients are asleep during the surgery and do not remember the surgery itself.

In the hospital, patients have several different medications to control pain including anti-inflammatory medications, nerve pain medications and traditional narcotic pain pills. Patients go home with all three of these medications. Most of the time patients are free of narcotic pain pills by 2-6 weeks after surgery.

Often patients are mostly pain free by eight to twelve weeks after surgery. While some patients may continue to experience some amount of pain, the vast majority of people are extremely happy with the improvement in pain compared to before the surgery.

Long Term will I still have pain in the knee:

Long-term, patients does that knee replacements take away 90% of the preoperative pain level. In contrast, hip replacements take away 95-98% of the preoperative pain.

So there will still be some degree of pain after knee replacement. However the vast majority of patients feel that they do not need to take medication any longer for knee pain. In addition, most patient's feel that they are not limited from any of their activities due to knee pain.

If you has patients whether they are glad that they have the knee replacement done, the vast majority report that they are very happy that they went through with the surgery.

Will my legs be the same length after surgery?

The vast majority of patients have the same leg length after the operation as before. We use several checks in the operating room to make sure this is the case. In rare cases, it is necessary to lengthen the leg with the knee replacement slightly to make the knee more stable, however this is very uncommon. Many people with severe knee arthritis feel that the leg with the arthritis is shorter than the other leg. We can correct this to a certain extent and we should discuss it prior to your surgery.

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How do you prevent blood clots after surgery?

We use several strategies to minimize the chance of a blood clot after surgery, including spinal anesthetics, calf compression devices and early mobilization. In addition, knee replacement patients are placed on a blood thinner for six weeks after surgery. This blood thinner is usually aspirin unless patients have a history of blood clots.

Should I donate blood prior to my knee replacement?

I generally discourage patients from donating their own blood prior to a knee replacement, as it does not reliably decrease your need for allogeneic blood (blood from the blood bank).

Do you use the problem knee implants that I see on TV?

Several knee implants have been recalled, and you have probably seen these in commercials on TV. We do not use these implants at the University of Maryland, preferring a different style of implant that has a demonstrated track record of durability.

How long does a knee replacement last?

80% of knee replacements are still functioning well for patients at 20 years after surgery. Several factors determine how long a knee replacement lasts, including patient age and activity level, the type of implant used and the reason the knee was replaced. Knee replacement materials continue to improve and we are optimistic that current designs will last longer than the ones we were using twenty years ago.