



Patient Information Leaflet:

Total Knee Replacement

Please read this leaflet carefully before giving consent for surgery. It is important you understand the purpose, risks, benefits, and alternatives. Feel free to ask questions at any point.

1. What is Knee Osteoarthritis?

Knee osteoarthritis is a condition where the cartilage that cushions your knee joint wears away over time. This leads to pain, stiffness, swelling, and reduced mobility. You may notice difficulty walking, climbing stairs, or performing daily tasks. Osteoarthritis is often age-related, but previous injury, repetitive stress, or weight can contribute. While osteoarthritis is the most common reason for knee replacement surgery, other conditions can also affect the knee joint. A diagnosis of your specific condition will be discussed with you during the consultation before surgery.

2. What is a Total Knee Replacement (TKR)?

A total knee replacement involves removing the damaged surfaces of the knee joint and replacing them with metal and plastic components. The implants I use have a proven track record of safety and performance. The knee joint includes three bones – The lower end of the femur (thigh bone), The upper end of the tibia (shin bone) and the patella (kneecap). These surfaces are replaced with artificial components:

- A metal femoral component that covers the end of the thigh bone
- A metal and plastic tibial component that replaces the top surface of the shin bone
- In some cases, a plastic button may be placed on the underside of the kneecap (patella).

The patella is not routinely replaced. In my practice, I prefer to preserve the natural bone when appropriate to do so. I will assess it carefully during your consultation and on Xray and again during surgery. If the cartilage on the back of the kneecap is worn or contributing to symptoms, resurfacing it may be beneficial. If it is healthy and well-aligned, I may choose to leave it untouched.

The goal is to relieve pain, improve movement, and provide long-term joint function using well-established implants selected to match your anatomy and lifestyle.

3. What are the Alternatives to Surgery?

Surgery is considered when other treatments are no longer effective. Alternatives include:

- Pain relief (e.g., paracetamol or anti-inflammatories)



- Physiotherapy and strengthening exercises
- Weight management if applicable
- Injections such as corticosteroids in some very selected cases.
- Use of walking aids (e.g., sticks or frames)

These measures may provide temporary relief, but they do not reverse joint damage.

I will discuss their role with you in clinic if they are suitable for your case.

4. Anaesthetic Options

Before surgery, you will meet the anaesthetist to discuss options and advise you on the safest based on your health and preference:

- **Spinal anaesthetic (most common):** A local anaesthetic is injected into the lower back to numb you from the waist down. You may also receive sedation to help you relax.
- **General anaesthetic:** You are fully asleep for the operation.
- Nerve blocks may be used to improve post-operative pain control.

I work closely with excellent anaesthetic consultants who will ensure your experience goes as smooth as possible. Pain relief after the surgery is our priority and keeping you comfortable after such a major operation is one of our goals.

Local anaesthetic infiltration around the joint will help with managing your pain levels so it is not unusual to have very limited pain after.

5. Benefits of Knee Replacement

- Significant relief from knee pain
- Improved walking and mobility
- Enhanced ability to perform daily activities
- Better overall quality of life

Most patients notice steady improvement over several weeks to months after surgery.

6. Risks and Complications

While most knee replacements are successful, no surgery is risk-free. Complications can include:

- Infection (approximately 0.5%)
- Stiffness or limited range of motion
- Instability or feeling that the knee might give way
- Malalignment (joint not perfectly straight)
- Blood clots (in the leg or lungs)
- Nerve or blood vessel injury
- Persistent pain
- Difficulty kneeling
- Loosening or wear of the implant (may require revision surgery)

- Numbness or sensitivity around the outer area of the scar is common. While this often improves over time, in some cases it may be permanent.
- Anaesthetic-related complications

We use strict protocols and advanced techniques to minimise these risks and support your recovery.

7. Recovery and Aftercare

- **Hospital stay:** Most patients manage to go home the next day. Some might need an extra night of hospital stay depending on their age and social circumstances. Same day knee replacement surgery can be offered for selected patients who are keen to recover in the comfort of their own home.
- **Pain control:** this usually is done with the local anaesthetic infiltration, a refined anaesthetic technique and appropriate pain killers to go home with.
- **Physiotherapy:** Starts in hospital and continues at home
- **Walking:** You will be encouraged to walk (with aids) on the same or next day after surgery.
- **Driving:** Usually most patients can drive around the 6-week mark depending on how they progress and feel.
- **Return to work:** depending on your job and your work duties returning to work could range from 4 to 12 weeks. Typically, I would advise minimum for 4 weeks to allow the wound to heal and ensure you are independently mobile without any walking aids.
- **Flying soon after surgery increases the risk of blood clots (DVT),** so timing is important.
 - Short flights (<2 hours): Usually safe after 4–6 weeks.
 - Medium and Long-haul flights: Best after 3 months.

Full recovery typically takes around 3-4 months.

Follow-up appointments will help ensure your knee heals well and functions properly.

8. Wound care

- Your wound will be covered with **a dressing that should remain in place until the wound has healed** — usually around 12 to 14 days.
 - The wound will be reviewed by your GP practice nurse or hospital clinic. If sutures or clips are used, they are typically removed at around 2 weeks. Minor spotting is normal, but if you notice increasing redness, discharge, or swelling, please contact us.
- You'll receive full wound care instructions before leaving hospital.**

9. Understanding and Giving Consent

Before we go ahead with surgery, it is important that you feel fully informed and comfortable with the decision. This includes understanding what the operation involves, why it's being recommended, and what the risks and benefits are.

By reading this leaflet and discussing the surgery with me in clinic, I hope you feel confident

that:

- You understand your condition and the reasons for recommending a total knee replacement
- You're aware of other treatment options and why they may not be suitable now
- You know about the benefits of surgery and also the possible risks
- You've had time to ask questions, and your concerns have been listened to and addressed
- You understand that while outcomes are usually excellent, no result is guaranteed

Consent is a conversation, not just a form. You're welcome to ask further questions, request more information, or change your mind any time up until the day of your operation.

Further Information

If you would like more details or wish to discuss anything in this leaflet, please contact my secretary to arrange an appointment.

For patients at the Nuffield Hospital, Wolverhampton

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