British Orthopaedic Association

UNICOMPARTMENTAL KNEE REPLACEMENT

AFFIX PATIENT DETAIL STICKER HERE **and on each subsequent page**

Forename…….. Male □ Female □

Surname…… Consultant…….

Hospital Number……...

D.O.B…../……./……

OPERATION:

…… Unicompartmental Knee Replacement (half knee replacement) (+/- proceed to total knee replacement)

PROCEDURE: The knee is an important hinge joint and as it is weight-bearing surfaces can be prone to "wearing out". Arthritis is painful and disabling and you and your surgeon may have decided that a half knee replacement may be your best option. Like the tread of car tyre, in some patients only one half of the knee becomes worn. If the rest of the knee is still healthy, your surgeon may suggest having just a half knee replacement. The benefits of this are that the half knee replacement is intended to keep the healthy knee structures, and is intended to restore normal knee motion and function. You may of course go on to have a total knee replacement in the future.

A Unicompartmental knee replacement is a surgical procedure, in which the injured or damaged running surfaces of the knee are replaced with artificial parts which are secured to the bone.

If you have **any X-rays** of your own please remember to **bring them with you** to the hospital.

You will be seen by the surgeon before the operation. They will your mark your leg with a felt pen. This is to make sure the correct leg is operated on. If you have any questions, this might be a good time to ask them.

An anaesthetic will be administered in theatre. This may be a general anaesthetic (where you will be asleep) or a local block (e.g. where you are awake but the area to be operated is completely numbed). You must discuss this with the anaesthetist.

A tight inflatable band (a tourniquet) may be placed across the top of the thigh to limit the bleeding. Your skin will be cleaned with anti-septic solution and covered with clean towels (drapes). The surgeon will make a cut (an incision) down the affected side of the knee.

PATIENT DETAILS

The knee capsule (the tough, gristle-like tissue around the knee) which is then visible can be cut. From here, the surgeon can trim the ends of the thigh bone (femur) and leg bone (tibia) using a special bone saw.

Using measuring devices, the new artificial knee joints are fitted into position. The implants have an outer alloy metal casing with a "polyethylene" bearing which sits on the tibia.

When the surgeon is happy with the position and movements of the knee, the tissue and skin can be closed. This may be done with stitches (sutures) or metal clip (skin staples). The clips and stitches will need to be removed around 10 days after the operation.

Drains may be used, and if so will be removed by nursing staff on the ward in a day or two.

When you wake up, you will have a padded bandage around the knee. If you are in pain, it is important for you to tell somebody. You will be given pain relieving medicens.

You will go for an X-ray the day after the operation and will be encouraged to stand and take a few steps.

You will be visited by the physiotherapy team, who will suggest exercises for you. It is important to do these (as pain allows).

ALTERNATIVE PROCEDURE: Knee replacements are usually performed on patients suffering from severe arthritis (although there are other reasons). Most patients are above the age of 55yrs.

Other alternatives include – Losing weight,
Stopping strenuous exercises or work,
Physiotherapy and gentle exercises,
Medicines, such as anti-inflammatory drugs (e.g. ibuprofen or steroids),
Using a stick or a crutch,
Using a knee brace,
Arthroscopy
Cartilage transplant,
Total knee replacement

PATIENT DETAILS

Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.

RISKS

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Pain: the knee will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. In rare cases, the replaced knee may ache for many months. Rarely, pain will be a chronic problem. This may be due to any of the other complications listed below, or sometimes, for no obvious reason.

Bleeding:

A blood transfusion or iron tablets may occasionally be required.
The bleeding may form a blood clot or large bruise within the knee joint which may become painful require an operation to remove it.

Blood Clots:

The risks of developing blood clots are greater after any surgery. A clot may develop in the calf or upper leg (DVT – Deep Vein Thrombosis). This usually causes pain, swelling and redness and must be treated with blood thinning drugs. More rarely, a DVT can become detached and travel to the lungs (PE – Pulmonary Embolism – see below). This is a serious emergency which needs prompt treatment. It can be fatal. Preventative measures ie compression stockings will be provided to minimise the risk of this happening.

Knee stiffness:

may occur after the operation, especially if the knee is stiff before the op. Manipulation of the joint (under general anaesthetic) may be necessary.

Conversion to a Total Knee replacement:

if the other parts of the knee look arthritic, the consultant may decide to proceed to a total replacement.

Prosthesis wear:

Modern operating techniques and new implants mean knee implants can last for many years. In some cases, they fail earlier. The reason is often unknown. The plastic bearing is most commonly worn away.

PATIENT DETAILS

LESS COMMON: (1-2%)

Infection:

You will be given antibiotics just before and after the operation and the procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this infections still occur (1 to 2%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, and an operation to washout the joint may be necessary. In rare cases, the prostheses may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

Pulmonary Embolism:

(see above under 'Blood Clots')

Altered wound healing:

the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean.

Nerve Damage:

efforts are made to prevent this, however damage to the small nerves around the knee is a risk. This may cause temporary or permanent altered sensation around the knee.

Bone Damage:

the thigh bone may be broken when the prosthesis (false joint) is inserted. This may require fixation, either at time or at a later operation.

Blood vessel damage:

the vessels at the back of the knee may rarely be damaged. This may require further surgery by the vascular surgeons.

Death: Death is a rare occurrence from joint surgery but may be due many of those listed above.

PATIENT DETAILS

Confirmation of consent :

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have and:

I have received a copy of this consent form □

I have received the Spire Patient Information Leaflet □

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Patient Signature……..

Patient Print name…….

Date……

2nd Confirmation…….....…….Date…….…

NAME of SURGEON (Capital letters) MR PATRICK LUSTY

SIGNATURE of SURGEON…….

DATE…..……..