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

Forename…….. Male □ Female □

Surname……

Hospital Number……... Consultant…….

D.O.B…../……./……

OPERATION:

…….……. Knee Replacement

PROCEDURE: The knee is an important hinge joint and as it is weight-bearing can be prone to "wearing out". Arthritis is painful and disabling and you and your surgeon may have decided that a knee replacement may be your best option.

A 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. The surgeon will mark your leg with a felt pen.. This is to make sure the correct leg is operated on. Always feel free to ask any questions during this time.

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 an incision (a cut) down the middle of the knee. The knee capsule (the tough, gristle-like tissue around the knee) which is then visible can be cut and the knee cap (patella) pushed to one side. From here, the surgeon can trim the ends of the thigh bone (femur) and leg bone (tibia) using a special bone saw. Some surgeons also remove the underside of the knee cap.

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. A polyethylene button is sometimes placed on the underside of the knee cap.

PATIENT DETAILS

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 clips (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, please ask for pain killers. If you have pain, it is important that you tell somebody.

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 show you the right exercises for you. It is important to do these (as pain allows).

ALTERNATIVE PROCEDURES: 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,
Arthroscopy
Using a knee brace,
Cartilage transplant,
Knee fusion (arthrodesis)

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.

PATIENT DETAILS

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. Rarely, pain will be a chronic problem & may be due to any of the other complications listed below, or, for no obvious reason. Rarely, some replaced knees can remain painful.

Bleeding:

A blood transfusion or iron tablets may occasionally be required. Rarely, the bleeding may form a blood clot or large bruise within the knee which may become painful and 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 surgery. Manipulation of the joint (under general anaesthetic) may be necessary.

Prosthesis wear:

With modern operating techniques and new implants, knee replacements last many years. In some cases, they fail earlier. The reason is often unknown. The plastic bearing is the most commonly worn away part.

LESS COMMON: (1-2%)

Infection:

You will be given antibiotics at the time of 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.

PATIENT DETAILS

RARE: (<1%)

PE: (see above under 'Blood Clots')

Altered leg length:
the leg which has been operated upon, may appear shorter or longer than the other.

Altered wound healing:
the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbeans.

Joint dislocation:
if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a knee brace

Nerve Damage:
efforts are made to prevent this, however damage to the small nerves of the knee is a risk. This may cause temporary or permanent altered sensation around the knee. There may also be damage to the Peroneal Nerve, this may cause temporary or permanent weakness or altered sensation of the lower leg. Changed sensation to the outer half of the knee may be normal.

Bone Damage:
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. May require further surgery.

Death: This very rare complication may occur after any major surgery and from any of the above.

PATIENT DETAILS

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……..