DELGADOTRAUMA

Traumatología y Cirugía Ortopédica

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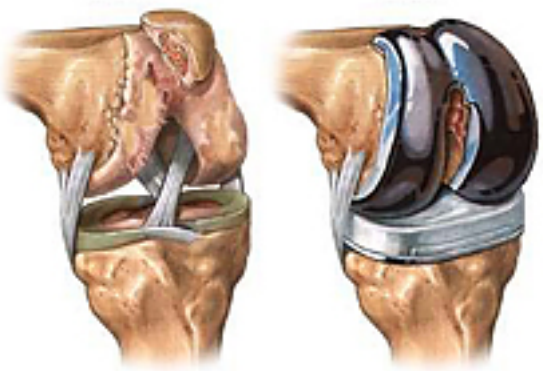
TOTAL KNEE REPLACEMENT

What is a Total Knee Replacement?

A total knee replacement (total knee arthroplasty) is an artificial system to replace the knee joint damaged by osteoarthritis (wear).



Worn friction surfaces of both the femur (femoral component) and the tibia (tibial component) that produce pain and limitation of motion, are replaced. Between the two metal components is placed a high strength polyethylene to facilitate sliding and reduce wearing.

This new joint is intended to relieve pain, improve mobility and, in some cases, to correct excessive angulation of the knee.

When would you place a total knee arthroplasty?

Usually in case of knee osteoarthritis (wear) in older adults (from 65-70 years).

But also in younger people as a result of prior trauma, complete meniscus removal or early rheumatoid arthritis and other joint mechanical disturbances.

What material is made the prosthesis? How long is the prosthesis?

Currently, the metal components are made of titanium or alloys of cobalt-chrome-molybdenum. The friction surface (friction torque) is a high strength polyethylene.

Anyway, prostheses are still artificial systems that wear out with use. Nowadays, prostheses usually last between 10 to 20 years. After that time, if there is any problem, the prosthesis should be replaced.

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What is the procedure?

Before the surgery you should be fasting at least for 8 hours. Your orthopedic surgeon will tell you the time of your last meal. After that time you should not eat or drink, neither water.

Upon hospital admission, a nurse will place an IV in an arm vein to replace fluid losses and for antibiotics and other drugs. Surgery is preformed in a sterile operating theater. Anesthesia can be spinal (lumbar area) or general, depending on each case. The procedure is performed with the patient lying on his back on the operating table with a special support for the affected leg. This type of surgery may have blood loss requiring transfusion, although not usual, it will be scheduled in advance.

After surgery you will go to your room. There will be a drainage in the wound to collect blood., to avoid accumulating blood in your knee and, through a filtration system, to reuse that blood as an "autologous" to minimize losses. Sudden movements or stand up are not recommended until drainage is removed (48 hours). Nursing staff will help you to move in bed, also using your unoperated leg. This allows you to lift your buttocks off the bed, which is important to prevent the formation of sores and use the chamber pot.

The day after surgery is dedicated to medical checks: blood loss, pain management, antibiotic medication, radiographic control ... You must stay in bed yet.

After 48 hours of surgery, first wound care is performed, drainage is removed and is authorized to sit and start walking with a walker or two crutches. The very first time you must go slowly to avoid dizziness: incorporate the headboard of the bed, sit on the bed with your legs dangling, stand beside the bed leaning on on a walker or crutches and start walking fully supporting the operated leg. You can then sit in a chair, toileting and walk around in and out of the room. Rest when you need it. Elevate the operated leg if swells.

If you are walking and medical checks are correct, you will be discharged to the 3rd or 5th day after surgery. You will be given instructions to do at home: wound care, medication to take, exercises and physiotherapy required and the date for the first review in the office of your orthopedic surgeon, approximately 4 weeks after.

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When would you return to normal?

Upon discharge you must perform physical therapy exercises aimed at strengthening the muscles of the lower limb, increasing knee range of motion (full extension and flexion of at least 90 degrees) and phasing out the walker or crutches. That usually happens within 4-6 weeks.

From the 1 or 2 months, depending on the case, you can:

- drive the car, depending on which leg is the affected

- sex (with care)

- resume your hobbies: walking, cycling, gardening, dancing, swimming ... - start doing the housework progressively. Avoid prolonged standing.

After surgery you should carry out controls in your orthopedic surgeon consultation with certain periodicity, some of them with radiographs. This monitoring will help avoid any problem in the long term.

... and remember, if in doubt, ask your orthopedic surgeon.