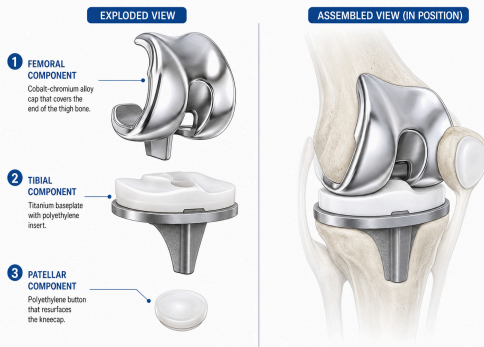


ONE-PAGE PATIENT SUMMARY

Total Knee Replacement Surgery

A guide to JointClinics total knee arthroplasty and recovery

TOTAL KNEE REPLACEMENT IMPLANT COMPONENTS



Source booklet Figure 2: Total knee replacement implant components, shown exploded and assembled in position.

Replacing worn knee surfaces

Total knee replacement, also called total knee arthroplasty, resurfaces a severely arthritic knee with artificial components. It may be considered when pain, stiffness and loss of function continue despite non-operative treatment and significantly affect quality of life. The aim is pain relief and improved function, not a normal knee.

When it may be considered

- Severe arthritis may cause pain, stiffness, swelling and difficulty walking or climbing stairs.
- Daily pain, disturbed sleep, stiffness or deformity may support assessment.
- X-rays, examination, symptoms and functional limits inform the decision; no single test decides it.
- Physiotherapy, weight management, medicines and injections are usually tried first.
- You need to be fit enough for surgery; timing is elective and chosen jointly.

Treatment pathway

1 Shared assessment

You and Mr Dehne decide using symptoms, function, examination and imaging, after non-operative treatment has not provided adequate relief.

2 Prepare for surgery

Prehabilitation includes strengthening, walking, medication review and home planning. Stop smoking, reduce excess alcohol, optimise diabetes and treat anaemia as advised.

3 The operation

Under spinal anaesthesia with sedation, or general anaesthesia, Mr Dehne uses a midline incision and medial parapatellar approach to resurface worn bone.

4 Implant and early care

Trial components check fit, alignment, stability and movement. Final components are usually cemented; local anaesthetic, dressing and compression bandage are applied.

Recovery and aftercare

1 Day 0 to 14

With physiotherapy support, begin standing and walking as directed. Control pain and swelling, protect the wound, and complete prescribed exercises.

2 Weeks 2 to 6

Build knee movement, strength and walking distance through rehabilitation. Progression and use of walking aids depend on your recovery.

3 From 6 weeks onwards

Continue strengthening, balance and gradual activity return. Recovery varies with fitness, surgery complexity and rehabilitation progress; high-impact running is not recommended.

Protect against blood clots

Take prescribed blood-thinning medicine, usually for 14 days, and mobilise early with your physiotherapy team as directed. Early movement and clot prevention form part of the Fast Recovery Programme; do not change medication without advice from your surgical team.

Seek urgent help

Contact JointClinics, your GP or attend A&E for worsening wound redness, warmth or swelling; cloudy, green or foul-smelling discharge; fever above 38°C; feeling unwell or shivery; one-sided calf pain, swelling or tenderness; severe pain not relieved by usual painkillers; inability to bear weight; sudden foot weakness or numbness; or bleeding that does not stop with pressure. Call 999 for chest pain, sudden breathlessness or coughing up blood.

Important limitations and expectations

A replacement knee will not feel identical to a natural knee. It is intended to reduce pain and improve function, but stiffness, swelling and complications can occur, and further surgery may sometimes be needed. Implant longevity varies; younger, more active people may wear an implant sooner. Individual recovery and activity return may be faster or slower than general guides.

Need advice tailored to you? This poster supports, but does not replace, individual assessment or consent.

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