



Total Knee Replacement

The Knee is the largest joint in the body. It is made up of the lower end of the thigh bone (femur), the upper end of the shin bone (tibia) and the kneecap which glides in a groove on the end of the femur.

The most common cause of chronic knee pain is arthritis.

Osteoarthritis: The cartilage which cushions the bones of the knee softens and wears away. The bones then rub against one another causing pain and stiffness.

Rheumatoid Arthritis: is a disease in which the synovial membrane becomes thickened and inflamed. The chronic inflammation can damage cartilage causing pain and stiffness. Rheumatoid joints often feel warm to touch.

Post- traumatic Arthritis: Can follow a serious knee injury – a fracture or severe ligament tears causing cartilage damage over the years.

Is a Knee replacement for you?

The decision whether to have surgery should be a co-operative one between you, your GP and your Consultant Orthopaedic Surgeon.

Reasons for considering surgery are as follows:

- Severe knee pain that limits everyday activities such as walking, stair climbing, sitting to standing etc.
- Moderate or severe knee pain at rest, either day or night.
- Chronic inflammation and swelling that doesn't improve with rest or medication.
- Knee deformity – a bowing in or out of the knee and knee stiffness – an inability to bend or straighten fully.
- Failure to substantially improve with other treatments such as simple surgery (washouts), cortisone injections or physiotherapy.

Realistic Expectations about Knee Replacement Surgery

An important factor in deciding whether to have a knee replacement is understanding what the procedure can and cannot do.

A high percentage of patients experience a dramatic reduction in pain, plus an improvement in ability to perform activities of daily living. But, Surgery will not make you into a super-athlete or allow you to do more than you could do before you developed arthritis.

Surgeons don't recommend that you kneel on the new replacement. Nor is it likely that you fully bend the knee.

Some activities such as jogging and high-impact sports should be avoided. Following surgery, physiotherapy is vital. At the Wye Physiotherapy Practice we have had years of experience with this type of surgery. We instruct people on specific exercises to maintain the circulation (vital to prevent blood clots), strengthen the knee, restore movement, progress walking and get you back to your every day activities.