



Osteoarthritis is a common problem for many people after middle age. The predominant symptoms of knee osteoarthritis are pain, swelling, stiffness and a decreased activity level. The pain generally worsens with activities and improves with rest. Commonly, wasting of the thigh muscle occurs. This in turn may increase pain and may also cause symptoms of giving way. Symptoms such as locking and catching may also occur.

Osteoarthritis may develop in 1 of the 3 compartments of the knee, while the two remain relatively healthy. Initially, all patients should be treated conservatively. The reason for this is that osteoarthritic knees follow a course of sudden pain that settles over several weeks, followed by relief. Ultimately the intensity becomes more frequent as the osteoarthritis progresses, and when this happens surgical treatment should be considered.

Conservative treatment consists of a four-week course of pain relievers or anti-inflammatory medications. We prefer a regular dosage of pain relief, such as panadol, because it is safe and effective. Physiotherapy should be used to strengthen the leg musculature and weight reduction should be attempted. It is important to avoid high impact activities such as running and jumping. To maintain fitness, cycling and swimming is encouraged.

If conservative measures fail, consideration can be given to surgical treatment. If patients have osteoarthritis in only one compartment of their knee an alternative option to a total knee replacement may be a unicompartmental knee replacement, where only one side of the knee is replaced.



WHAT IS INVOLVED FOR YOU AS THE PATIENT

Before admission into hospital:

A/Prof. Pinczewski's rooms will explain all the relevant details you will need in order to prepare for surgery and your admission. You will be assessed at the pre admission clinical at the Mater Hospital by an anaesthetist and other staff to ensure that you are medically fit for surgery. This appointment can be made by calling The Mater Hospital on 9900 7300. One week before attending the preadmission clinic you will need to have a chest x-ray performed and pathology tests carried out (you will be given referrals for these). These can be done at a centre convenient to you. You will be required to have 4' weight bearing films (x-rays) at Castlereagh Imaging, St Leonards prior to your surgery.

You will need to send to the hospital your admission and consent forms completed and signed by you. The hospital will be in contact with you on receipt of these forms to confirm your booking and details.

You must contact our office before you go into hospital if there is any evidence of pimples, ulcers or broken skin around the area to be operated on OR if you have a cold, cough or infection evident. If you are taking medication you must check with the doctor as to whether you need to stop taking any of the medication prior to your surgery.

Admission into the Mater Private Hospital:

You are usually admitted to hospital on the morning of the surgery. The staff at the hospital will call you and let you know your admission time. You will need to take all relevant x-rays, current medications and their prescriptions.

You will be in hospital for 3-5 days, commencing physiotherapy the day after your surgery. This involves practicing walking and becoming independently mobile again as well as exercises to improve the strength and regain the range of motion of the knee. The exercising and mobilising of the knee will cause some discomfort and swelling, however



this is normal, and is just part of the healing process. If pain is preventing you from exercising effectively, you should discuss this with your nurse. An ice pack will be given after the bandages are removed and should be used regularly to help reduce the pain and swelling in your knee.

After your hospital stay:

The hospital staff will organise your rehabilitation to continue after you are discharged from hospital, either staying in a rehabilitation unit, or going home and seeing a physiotherapist regularly. It is usual to be reviewed by A/Prof. Pinczewski at 6-8 weeks after surgery, with new x-rays.

After you have had this surgery you MUST take antibiotics prior to any other operations in the future, including dental work. This is to prevent germs lodging on the implant and causing infection in the joint.

Potential Complications Related To Surgery:

- **Stiffness:** After a unicompartmental knee replacement the knee is usually quite stiff for up to 3 months. Early and aggressive postoperative physiotherapy and exercises will reduce the risk of stiffness and promote a full range of motion following unicompartmental knee replacement. The average range of motion following a unicompartmental knee replacement can be expected to be 125°.
- **Deep vein thrombosis and pulmonary embolus:** A combination of immobilisation of the limb, smoking and the oral contraceptive pill or hormonal replacement therapy all multiply to increase the risk of a blood clot. Any past history of blood clots should be brought to the attention of the surgeon prior to your operation. Prevention of deep vein thrombosis involves a rapid recovery program, with patients getting out of bed within 24 hours following the surgery, and the administration of anticoagulants (Warfarin).
- **Excessive bleeding resulting in a haematoma** can occur following unicompartmental knee replacement surgery. This sometimes results in wound break down and the need for re-suturing of the wounds. This occurs in less than 1% of unicompartmental knee replacements.
- Surgery is carried out under strict germ free conditions in an operating theatre. Antibiotics are administered intravenously at the time of your surgery. Despite these measures, following surgery there is a **less than 3% chance** of developing an infection. Most commonly these are superficial wound infections that resolve with a course of antibiotics. More serious infections may require further hospitalisation and surgical and prolonged antibiotic therapy.

QUESTIONS COMMONLY ASKED

Q. Anaesthetic?

A. Either general or spinal anaesthesia – discuss with your anaesthetist at the preadmission clinic.

Q. Duration of operation?

A. One knee: 1-2 hours, two knees: 2-3 hours.

Q. Length of stay in hospital?

A. 3-5 days.

Q. Driving a car?

A. Avoid for 6 weeks

Q. How long does it take for the swelling to go away?

A. It can take 3-6 months before the size of the knee returns to normal. The knee may also feel slightly warm for this period.

Q. How long will the new knee last?

A. Based on the data from unicompartmental knee replacements from National Joint Registries, 15% fail by 10 years.

Q. What is the prosthesis made of?

A. The metal component of the prosthesis is made from cobalt chrome and the lining from high density polyethylene.

Q. How long do I need off work?

A. This depends largely on the type of work you do. After the time in hospital you may need a few weeks to recover and settle down before returning to light duties. Work requiring a great deal of moving around should not be attempted for 6-8 weeks.



Q. When can I travel?

A. You can travel from the 6 week mark following review.

Q. Can I kneel following the surgery?

A. There are 3 main reasons why patients are unable to kneel following unicompartmental knee replacement surgery.

- 1: Following the surgery there is a scar down the knee and this can often be painful when kneeling on it.
- 2: Following the surgery, there is an area on the outside part of the knee which is usually numb. Kneeling on a numb patch of skin can often result in damage to the skin and potential risk of infection. This is why kneeling is best avoided, unless kneeling on a soft surface that is clean.
- 3: Following a unicompartmental knee replacement, a full range of motion is usually not obtained, and it is therefore difficult to get down and get up from a kneeling position. Patients are allowed to kneel following the surgery if they can do it and put up with the above issues.

Q. Can I play sport following my unicompartmental knee replacement?

A. Sporting activities following unicompartmental knee replacement surgery do put increased loads through the unicompartmental knee replacement. More vigorous sports that involve running and pivoting, obviously, apply increased loads than walking. Taking up sports following a unicompartmental knee replacement that have not been performed for many years is usually not recommended. Resuming sports, following a unicompartmental knee replacement, that have been performed in the days leading up to the unicompartmental knee replacement surgery should be allowed, within reason. These sports should be discussed with A/Prof Pinczewski to establish a reasonable time frame for them to occur. Returning to golf, doubles tennis, sailing, or lawn bowling usually can be managed after 8 weeks and an appropriate rehabilitation program has been completed.

For any questions please do not hesitate in contacting our staff at NSOSMC on (02) 9437 5999

Anne Rasmussen/Renee Baume (Executive Assistants), Dr Lucy Salmon (Physiotherapist), Emma Fitzgibbon(Physiotherapist)

Email: lpinczewski@nsosmc.com.au

Website: www.leopinczewski.com.au

For after hour assistance contact Mater Hospital (02) 9900 7300