Cape Hip & Knee Practice

Joint Replacement Surgery

Information Package

You have been booked to have a Total Joint Replacement operation. Please take care to read and understand this document as it is designed to inform you of what to expect during your journey through the surgical process.

Your surgeon has recommended a joint replacement; however, it is your decision whether you go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What is arthritis?

Arthritis is a group of conditions that causes damage to the cartilage and then the bone of one or more joints.

How does arthritis happen?

The most common type of arthritis is osteoarthritis where there is gradual wear and tear of a joint. For a few people, this is a result of a previous injury, but usually it happens without a known cause. Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage. The most common inflammatory arthritis is rheumatoid arthritis. Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness, which can interfere with normal activities.

What are the benefits of surgery?

After surgery, you should experience less pain and be able to walk more easily.

Are there any alternatives to surgery?

Simple painkillers such as paracetamol and anti-inflammatory medications such as Ibuprofen, Voltaren, Celebrex, Arcoxia and Coxflam can help to control your pain from arthritis. Using a walking stick on the opposite side of your affected hip, or on the same side as your affected knee, can make walking easier. Regular moderate exercise can help to reduce stiffness in your joint, and physiotherapy may help to strengthen weak muscles. A steroid injection into your joint can sometimes reduce the pain and stiffness for several months but this cannot be repeated too often.

What will happen if I decide not to have the operation?

It is typical for the pain and stiffness in your affected joint to follow a fluctuating course. Generally speaking, arthritis will get worse with time. It is not life-threatening, but it can be disabling and severely affect your quality of life.

What are the arrangements for my operation?

No surgery can take place if you are not fit and well enough to have an anaesthetic and hospital stay. Normally your GP, or a physician (internal medicine specialist), will do some blood and heart tests prior to your surgery.

You will be admitted on the day of your surgery, and you must have nothing to eat or drink before the operation. In most cases, your surgery will be done under a spinal anaesthetic, however under certain circumstances, a general anaesthetic may be indicated. You are encouraged to start moving as soon as you start to get feeling back in your legs after your operation. Gentle, frequent movements of your joint you had operated on, as well as the joints above and below the replaced joint, are good for the joint and help to decrease swelling and minimise pain. The physiotherapist will get you up walking with crutches later on the day of your operation or the next day. We aim to discharge you from hospital on day two post-surgery or sooner.

Once you are home, you will need someone to help you with activities of daily living for a few weeks. If you think you may need a step-down facility or a rehab centre, please speak to us before your surgery and do not arrange anything directly yourself. Most medical aids do not pay for these, and it is best if we arrange it when you are in hospital.

I am an ICPS patient: what does this mean?

If you are a patient under the ICPS programme, you will need to fulfil certain criteria before your surgery is authorised. You will qualify for the ICPS programme if your BMI, Haemoglobin and renal function meet the criteria. Your surgery may be delayed to optimise these factors which is in your best interest to improve the chances of a successful surgery and to minimise any risks. The ICPS team tries to identify and correct these problems timeously. Occasionally the team cannot mitigate all the risks. In these cases, the patient, surgeon and medical aid will come to an agreement on how best to proceed with the knowledge that the risks will be higher.

What does my operation involve?

Hip:

For a hip replacement, our main surgical technique is to dislocate the hip anteriorly where we try to preserve soft tissue and gain adequate access for optimal placement of your new prosthesis. This helps to ensure that most patients can start to walk without crutches from three weeks post-surgery. Your surgeon will decide which is the best approach for you.

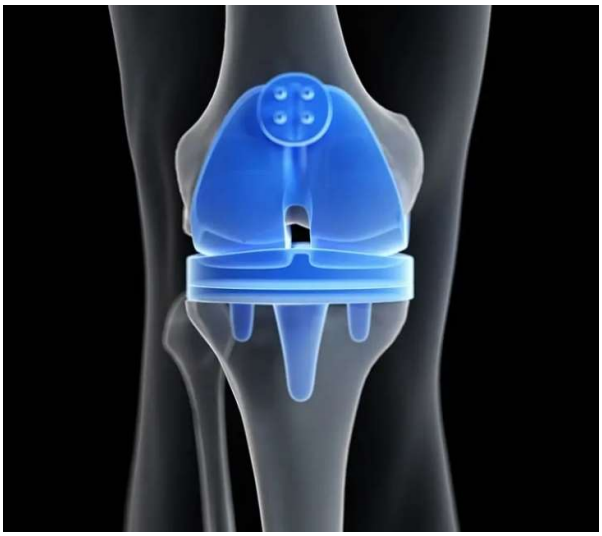
Knee:

For a knee replacement, we access the knee via a medial parapatellar approach and take care to preserve your ligaments and musculotendinous structures.

What can I do to help make my operation a success?

If you smoke, stop smoking several weeks prior to your surgery. Try to maintain a healthy weight. Regular exercise will help to prepare you for the surgery, and if possible, try and practice using crutches before your operation. You can reduce your risk of infection by using the Hibiscrub wash we will give you, for three nights leading up to your surgery, and ensuring that the dressing remains dry, and the wound covered for two weeks after your surgery, until the nurse sees you. We will not operate if there is any evidence of active infection in or around your joint. This is a contra-indication for surgery.

What about complications from joint replacement surgery?



It is important to understand that even though our healthcare team members do their utmost to make your operation as safe as possible, complications can happen. These can be serious and can even result in death. The risk for any complication depends on your age and how fit you are. Please make sure you ask your doctors if there is anything you do not understand. When we have given numbers below relating to risk, they are from studies of people who have had this operation. Your surgeon will be able to tell you if the risk of complication is higher or lower for you. Your anaesthetist will be able to discuss the complications of the anaesthetic options with you.

What are the general complications of any operation?

Pain:

Pain is a normal part of any surgery and is usually short lived. The healthcare team will give you medication to control your pain, and it is important that you take it as instructed. Taking pain medication will mean that you can move about as advised by your surgeon and physiotherapist.

Bleeding:

Bleeding can take place during or after an operation. Sometimes bleeding is severe and may require one or more blood transfusions.

Infection:

Infection sometimes occurs after surgery. If your surgical wound becomes infected, it may require antibiotics or, sometimes, further surgery. When a wound has become infected, unsightly scarring of the skin can occur, although this is rare.

Blood clots:

There is a 1 in 40 chance of developing blood clots in the veins of your leg (Deep vein thrombosis – DVT) and a 1 in 250 chance of developing blood clots in your lungs (Pulmonary embolus). Before your surgery, our healthcare team will assess your DVT risk and adjust your DVT prophylaxis medication accordingly. This may include mobilising you earlier after your surgery facilitated by a single dose of antibiotic prophylaxis, removing your IV lines and catheter, using foot pumps while in hospital and giving you aspirin and or Clexane.

Difficulty passing urine:

You will have a catheter inserted for the duration of the surgery and we try to remove it as soon as possible after surgery. You may have difficulty passing urine after the surgery, in which case you will need a catheter in your bladder for one or two days.

Chest infection:

You could develop a chest infection because you are immobile after your surgery. This may require antibiotics and physiotherapy.

Heart attack or stroke:

You have a 1 in 200 risk of having a heart attack or stroke during or after your surgery.

Blood vessel and nerve damage:

Surgery involves cutting into various structures which can lead to permanent damage of the blood vessels and nerves that supply your leg. There is a 1 in 1000 risk of loss of circulation in your leg and foot.

What are the specific complications of hip replacements?

Split in the femur:

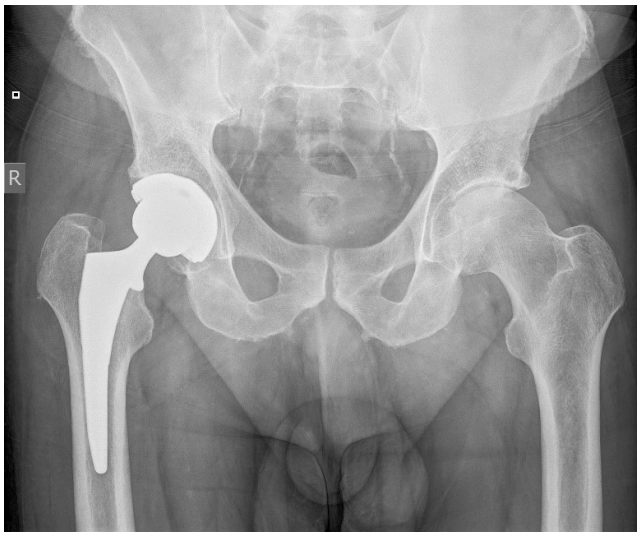
We have to hammer the hip prosthesis into the shaft of the femur (thigh) bone. There is a 1 in 50 chance that your femur will split when we do this. If this happens, we may need to wrap a cable around the bone to help it to heal and we may need to use a different type of hip replacement to the one we originally chose.

Loosening without infection:
Sometimes the prosthesis loosens, creating instability in your hip – there is a 1 in 40 chance of this happening in the first five years post-surgery. This requires us to do another operation. It is important to protect the operated hip for at least two weeks to allow for bony ingrowth. You should be guided by your pain and comfort levels, dropping to one crutch after a minimum of two weeks only if there is no pain. This would be the earliest time to consider starting to drive. You must not hesitate to stay on two crutches, minimizing weight through your operated hip if there is pain.

Hip dislocation:
There is a 1 in 20 risk of your hip prosthesis dislocation withing the first five years.

Bone formation in muscles:
Sometimes, because of the open bone surfaces in your joint, bone cells grown into the muscles surrounding your hip – there is a 1 in 25 risk of this happening.

Leg length discrepancy:
Our team takes the utmost care to measure and calculate which prosthesis you need, but it is possible that you end up with one leg longer than the other.



What are the specific complications of knee replacements?

Damage to the ligaments or tendons near your knee:
There is a risk of 1 in 60 that your knee ligaments or tendons will be damaged. Your surgeon may need to repair the damaged tissue using stitches, a piece of tendon from elsewhere in your body or an artificial material.

Loosening without infection:
If the knee prosthesis becomes loose ,you may need another operation. The risk of this happening is 1 in 40 in the first ten years.

Continued knee discomfort:
It is possible that knee replacement surgery does not relieve your symptoms and you continue to have discomfort even though your knee replacement itself works well. This can sometimes be severe pain, stiffness, and loss of use of your knee.
If your knee replacement does not bend well, your surgeon may need to manipulate the knee under anaesthetic. The risk of this is about 1 in 20.

Complex regional pain syndrome:
The risk for this syndrome is less than 1 in 100. The cause is not known. If you develop this, you may need further treatment including painkillers, physiotherapy and to consult a pain specialist.

Numbness/difficulty kneeling:
There is often a patch of numbness next to the scar on your knee. About 50% of people find it too uncomfortable to kneel after having a knee replacement. However, there is no danger to your knee if you would like to kneel, despite the pain.

When can I return to normal activities?

Everyone responds differently but it is essential that you protect the operated leg from bearing your full weight for a minimum of two weeks. It takes between three and ten weeks before you feel comfortable enough to drive or walk without a crutch. Remember, your pre- operative functioning predicts you post-operative functioning, In other words, the more severe your disease, the longer your recovery is likely to be. Once you are walking, you can resume normal sport and exercise. We have patients who have returned to high-level competitive sports with their joint replacement, but this requires hard work and dedication.

Remember: Please speak to your surgeon or nurse if you have any further questions.