

Patient Information Leaflet

Revision Total Knee Replacement

Produced by: Orthopaedic Department

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Revision Total Knee Replacement

Revision knee replacement is performed when the original primary total knee replacement has worn out or loosened in the bone. Revisions are also carried out if the primary knee replacement fails due to infection or ongoing pain.

The revision total knee replacement is a more complex procedure, often because there is a reduced amount of bone into which to place the new total knee. Revision Knee replacements are far more complex implants to accommodate these defects.

Revision total knee replacement takes longer than a standard total knee replacement and has a slightly higher complication rate. The prosthesis may also not last as long as a primary knee replacement. Surgery is usually performed through the same incision but may need some extension. The risks and complications are similar to standard knee replacement surgery but are of a greater magnitude.

Complications:

Specific complications relating to knee replacement surgery include the following:

Deep vein thrombosis: The risk may be lessened by giving blood thinning agents; and if it occurs it is treated with specific blood thinners, usually Warfarin.

Infection: The risk of infection is less than 2% and pre-operative antibiotics are given to help prevent this from happening.

Stiffness: Occasionally knee replacement may stiffen up particularly in patients who are significantly overweight or have diabetes. Occasionally one will require a manipulation under an anaesthetic should this occur.

Nerve and vessel damage: It is unlikely that any major nerve or vessel will be damaged. It is, however, very common to have a small area of numbness over the outer side of your knee where a superficial skin nerve is always cut during the surgery. This little numb patch is of no significance.

Prosthesis failure: The prosthesis may fail due to the plastic wearing out and it may require revision.

Reflex sympathetic dystrophy: Very rarely a condition can occur where the leg becomes stiff, hypersensitive and painful. This requires specific treatment with a pain management specialist.

Excessive bleeding around the joint: This usually settles but may require drainage.

Excessive scarring: Some skin will scar up significantly (keloid). Knees with multiple scars from the previous procedures may always be stiffer.

Residual pain: due to the scar tissue accumulated from multiple operations and discomfort in the tibia (shin bone) from the stem used to aid fixation of the tibial component of the new joint.

Fluid build-up in the knee joint: Occasionally this may occur and require drainage. It is usual for knees to be a little swollen and a little warm for 2-3 weeks.

Pain with kneeling: Kneeling may produce discomfort over the incision site.

General advice after knee replacement surgery:

1. One should have regular checks with an x-ray for as long as your surgeon feels necessary.
2. If one has any major bowel, bladder or invasive dental surgery, antibiotic cover should be given prior to the surgery.
3. Metal prostheses can activate security alarms at airports.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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