DR. BEYERS OOSTHUIZEN

MIDSTREAM ORTHOPAEDICS

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Partial Knee Replacement: Medial UNI

Introduction

A partial knee replacement is an operation which is commonly performed when the cartilage covering surface in one part of your knee joint is worn out due to excessive wear and tear. Once the cartilage is worn out, there is bone-on-bone contact in your joint which causes excessive pain and stiffness. The pain is usually progressive and makes walking, stair climbing and even sitting uncomfortable.

During partial knee replacement surgery, only the damaged cartilage surface of the knee is removed and replaced with a thin layer of medical grade metal. The rest of the knee is left as is and all ligaments functions as before. In between the 2 metal layers, there is n poly ethylene spacer to allow smooth motion. The metal surfaces are fixated to the bone over time as the bone grows into the metal surface pores.

The aim of the operation is to provide you with comfortable walking, stair climbing and even certain sporting activities.

Partial knee replacement is not possible in all patients and I carefully select patients who fits the criteria for successful outcomes.

The Prosthesis

I only use reputable, internationally known and literature proven prosthesis in my practice. All the implants used some are of the best in the industry.

What to expect

You will be asked to perform some basic blood tests and X-rays. This is to rule out any common conditions in your general health in order to prepare you for the surgery. You may also be asked to consult a specialist physician to control any medical problems before and during your stay in hospital. Sometimes a Cardiologist may be consulted.

It is important to make sure there are no areas of possible infection in the body like tooth abscesses, bladder infections or any wounds on the body. Please notify the practice should this occur.

You will be provided with 2 soap bottles. One you should use the night before surgery to wash the leg that will be operated. The other bottle should be used on the day of surgery.

Please do not shave your leg 2 weeks before the operation. We will use a hair clipper in theatre to shave excessive hair.

Please stop the use of any anti-inflammatory medication at least 5 days before surgery. Any anticlotting medication should be discussed with me prior to surgery. Please stop all herbal and vitamin medication 2 weeks before surgery.

Women should stop hormone replacement treatment 1 week before surgery and only start again 10 days after surgery.

The Operation:

The operation typically takes 1.5 hours to perform and is done under general anaesthesia or a spinal anaesthesia. A 10cm incision is made in front of the knee to perform the surgery. A drain is inserted and a thick bandage and ice pack is applied to the knee after surgery. You will wake up in the theatre recovery where we will take an X ray and put an oxygen cannula in your nose. Please don't remove this cannula.

After the operation:

You will typically spend 1-2 days in hospital during which a physiotherapist will assist you to walk and bend the

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knee. It is important that you walk within the first day after surgery. You will experience pain in the knee which we will control with pain medication. **The knee is stable and fully fixed to the bone. You are allowed and encouraged to walk full weight bearing with a walking frame on your leg from day 1.**

You are not allowed to put a pillow under the knee to flex the knee during rest. I know it is more comfortable but it is detrimental to your recovery!

The thick bandage around the knee must remain for 5 days after which it should be removed. Please keep the wound dressings closed until your follow up date. If the dressings loosens, please replace the dressing completely without touching the wound.

You're encouraged to move your foot and ankle, which increases blood flow to your leg muscles and helps prevent swelling and blood clots. You might need to receive blood thinners and wear support hose or compression boots to further protect against swelling and clotting.

Recovery

The physiotherapist will provide you with an exercise program for the next 3 months

As soon as you feel comfortable to do so you are allowed to use 1 crutch and later no crutches. You are allowed to walk with full bearing from day 1. You are encouraged to fully extend the knee and flex the knee to 90° as soon as possible.

Blood thinning medication is continued for 10 days after surgery. Please stay mobile and well hydrated. No long distance travel > 2hours is allowed within the first 3 weeks after surgery. After this precautions should be taken if you wish to do so for up to 3 months after surgery.

You can expect comfortable walking on 6 weeks after surgery although improvement will continue for 1 year after surgery. It is normal for the knee to be warm and swollen for up to 6 months after surgery.

You are allowed to drive a car once it is comfortable and safe to do so.

Things to be carefull for:

- Continuously wet and oozing wounds
- Swollen,red and tender calve
- Shortness of breath and chest pain

Long term

It is normal to experience clicking or clunking in the knee. Most patients become unaware of their knee after 6 to 18 months.

Numbness around your scar below the knee is to be expected and you will later become unaware of it. This area may decrease in size but a small area will remain permanent.

If you take good care of your knee, you can expect good service for 20 or even more years. Please try to stay as light and as fit as possible.

Airport metal detectors may be triggered by the prosthesis but with recent airport technology, this is not a problem anymore.

Any areas of potential sepsis in your body should be treated urgently and effectively. Please don't allow a bladder infection or tooth abscess to get out of hand. Seek early medical attention.

There is a 10% risk over 10 years to develop arthritis of other areas of the knee.

Possible complications

Knee replacement surgery are relative safe surgery and complications are very rare (<1.5% in our practice). It is however important to know about the potential risks as these complications can have a significant impact on your health. Possible serious complications include infection, blood clot formation, nerve and blood vessel injury, continuous knee pain, loosening of the implant, stiffness of the knee and other systemic complications. There are many theoretical risks which I cannot extensively discuss here. Should any of these occur, I will discuss it with you as well as the possible solutions.

We trust that you will have a speedy recovery

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