

Introduction

Severe arthritis in the knee can lead to pain and the inability to walk. Health care providers may recommend surgery for people suffering from severe arthritis in the knee. This surgery is called partial knee replacement surgery, and it helps decrease pain and improve the patient's ability to walk.

If your health care provider recommends partial knee replacement surgery, the decision whether or not to have the surgery is yours. This reference summary will help you understand the benefits and risks of this surgery.

Anatomy

The knee joint joins the thigh to the lower leg. The bones involved in this joint are the following:

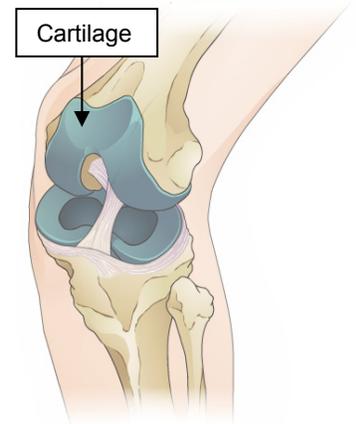
- The femur, or thigh bone.
- The patella, or kneecap.
- The tibia, or one of the lower leg bones.

The surfaces of the femur and tibia are covered by special tissue called cartilage, or meniscus. The smooth surfaces of the meniscus allow for smooth, painless movement of the knee joint. Ligaments connect the bones and help stabilize the knee.

Symptoms and Their Causes

Arthritis, or inflammation of the joint, causes the surfaces of the joint to become rough. This results in severe pain. The pain may interfere with normal work and activities. Walking may become difficult.

Knee arthritis can result from arthritic conditions, such as osteoarthritis - a chronic breaking down of the joint. It may also be caused by an old injury.



Knee Joint with Arthritis



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Alternative Treatments

You may try medications such as aspirin or ibuprofen to decrease the inflammation in the knee joint. Physical therapy may help keep the joint mobile.

The use of a cane or walker may also help. Injections of steroids in the knee joint may reduce inflammation and decrease pain.

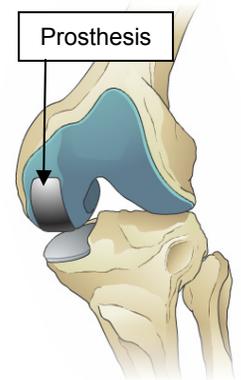
For overweight patients, losing weight helps reduce the stress on the knee joint. Weight loss also increases the success of the knee replacement operation.



Surgical Treatment

In a partial knee replacement, only the part of the knee that is severely arthritic is replaced with an implant.

The operation is done through a small incision in the knee area. It usually takes 1 to 2 hours. The surgeon opens the knee on the side where the implant is to be placed, then removes the meniscus and inserts the two parts of the implant in the femur and tibia.



Depending on its type, the prosthesis may need to be cemented to the bone. Some prostheses adhere to the bone naturally, and do not need to be cemented.

At the end of the operation, the skin is closed. A tube to drain excess fluid may be used.

Risks and Complications

This operation is safe. But there are several possible risks and complications. By being informed of these risks and complications, you may be able to help your health care provider detect them early.

The risks and complications include risks related to anesthesia, risks related to any type of surgery and risks specific to this surgery.



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Anesthesia is safe. But your age and past medical problems may put you at a greater risk. Tell your anesthesiologist about any previous medical problems, such as heart attacks or lung problems, you have had.

Risks of general anesthesia include:

- Cut lips and chipped teeth.
- Headache.
- Nausea or vomiting.
- Problems urinating.
- Sore throat.

More serious risks of general anesthesia include:

- Heart attacks.
- Lung infections.
- Strokes.



Your anesthesiologist will discuss these risks with you and ask if you are allergic to certain medications.

Blood clots in the legs can also happen, usually appearing a few days after surgery. If they happen, the leg will swell and become painful. Movement of the legs shortly after surgery may help decrease the risk of blood clots.

In rare cases, the blood clots are dislodged from the legs and travel to the lungs, where they can cause shortness of breath, chest pain and possibly death. Sometimes shortness of breath can happen without warning. It is important to tell your health care provider if any of these symptoms happen.



Some of the following risks are present in any type of surgery:

- Infection, deep or at the skin level.
- Bleeding, either during or after the operation. This may require a blood transfusion.
- A skin scar that may be painful or ugly.

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Other risks and complications are related specifically to this surgery. Though they are rare, it is important to know about them.

In rare cases, organs in the knee area may be injured. Arteries and veins going to the leg may be injured. Nerves going down to the leg may be injured, causing leg weakness or decreased sensation.

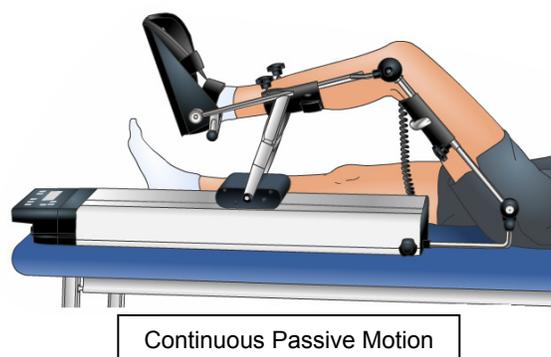
The prosthesis may become loose, or it may dislocate from the adjoining bone. In rare cases, a difference in leg length may happen.

The knee may feel stiff and not move as well as a normal knee joint. The pain may not be relieved by the operation, and may even worsen.

In rare cases, the patient may have a potentially fatal allergic reaction to the cement that joins the implant to the bone.

After the Surgery

After the operation, a continuous passive motion machine may be used for physical therapy. This machine bends your leg back and forth while you rest in bed, which helps improve your leg's mobility.



Over time you may be able to increase your activities under the direct supervision of a physical therapist. Once you strengthen your thigh and leg muscles, you may resume most of your regular activities.

Initially, you may need the help of a cane or a walker to take the pressure off your new knee. Eventually, you will more than likely be able to walk without any aid.

Since you will have physical therapy sessions often while your movements are limited, a short stay at an extended care facility may be needed to improve the outcome of the surgery. Social workers at the hospital can help you arrange to stay at such a facility.

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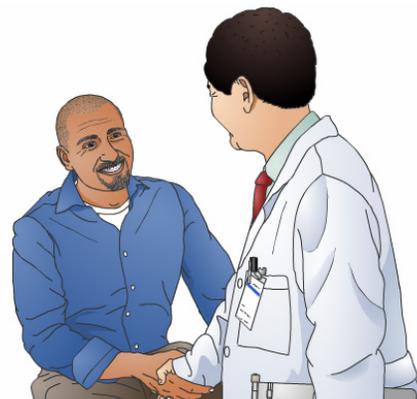
Knee arthritis can result from arthritic conditions, such as osteoarthritis, which is a chronic degeneration of the joint. It may also be caused by an old injury.

During knee replacement surgery, the surgeon opens the knee on the side where the implant is to be placed, then removes the meniscus and inserts the 2 parts of the implant in the femur and the tibia. At the end of the operation, the skin is closed.

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