

Knee Replacement

What to expect



Medical Information Guide

Knee Replacement

This guide provides information for Medibank Private members and their families about knee replacement.

It is important that you are well prepared for your healthcare experience, and know what to expect at key stages prior to, during and following this procedure.

It is also important that you discuss your particular circumstances in detail with the healthcare professionals who will be treating and caring for you. You should be confident in the treatment choices you make with your healthcare team and ensure that they are aware of your individual needs.

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As a member of Medibank Private, your entitlement to Benefits will depend on your type (hospital and/or extras) and level of cover and is subject to our Fund Rules and Policies. Premium rates, Benefits and the Fund Rules and Policies are subject to change from time to time. A copy of our Fund Rules is available at our Retail Centres or at medibank.com.au

Call us on 13 23 31 before you go to hospital to find out what you're covered for, any likely additional costs you may have to pay as well as for any other advice you may need.

The information provided in this guide is current at the time of issue, July 2008.

What is a knee replacement?

The knee is a hinge joint involving the femur (thigh bone), tibia (shin bone) and patella (knee cap). In a total knee replacement, the ends of the femur and tibia, and sometimes the patella, are surgically removed and replaced with an artificial joint known as a prosthesis. When only one part of the knee is affected and remaining parts are healthy, unicompartmental knee replacement may be performed to replace one side of the knee.

Why is knee replacement performed?

Knee replacement surgery is usually performed when severe arthritis causes pain and stiffness of the knee joint, seriously restricting movement and quality of life. Knee replacement is generally recommended only when other treatments such as medication, physiotherapy and exercise are no longer effective.

Knee replacement may also be necessary to treat knee damage resulting from conditions including rheumatoid arthritis, haemophilia, gout, bone death or bone growth disorders.

Referral to a specialist

Knee replacement is a specialised procedure usually performed by an orthopaedic surgeon. Your GP can recommend and refer you to a suitable specialist.

As well as advice from your GP, you may wish to know more about the procedure and what you can expect from your specialist. The following website provides further information about knee replacement: www.aoa.org.au Australian Orthopaedic Association.

Cost of treatment may also be an important consideration when selecting a specialist. A list of orthopaedic surgeons who have participated in Medibank Private's GapCover Scheme in the past can be found on our website medibank.com.au

Note: Specialists can choose to participate in GapCover on a **case-by-case** basis.

More information about GapCover can also be found on our website or in our *'Going to Hospital'* booklet.

What should I discuss with my doctor or specialist?

- discuss the treatment options for your condition and why knee replacement is being recommended
- what are the possible outcomes for each of the options you have discussed
- what is the likelihood of each of these outcomes occurring
- why your doctor has recommended a particular specialist in your case
- what experience does the specialist have, for example number of knee replacements performed and outcomes for patients, including complication rates
- possible risks and outcomes associated with the procedure
- when any pathology results will be known
- typical recovery time
- arrangements for getting home and after care
- possible further treatment

Ideally, you should make sure that you fully understand the procedure that is going to be performed. Your specialist should explain in detail how the procedure is done, and what preparation you should make. Your doctor may provide you with written material to read at home.

Your Medibank Private *'Going to Hospital'* booklet contains further questions that you may wish to ask your doctor, including information on obtaining informed financial consent.

Where is it done?

Knee replacement is carried out in a hospital.

How long will it take?

Time required for total knee replacement surgery will vary with individual circumstances, but typically takes one to four hours, followed by an average length of stay of eight days.

Who is involved?

Healthcare professionals usually involved in the procedure are:

- your orthopaedic surgeon
- an assistant surgeon may be involved
- an anaesthetist will administer sedative medication and a general anaesthetic (which renders you unconscious) or a spinal anaesthetic (which numbs you from the injection site down).
- radiologist for any necessary x-rays
- pathologist for any necessary blood tests
- specialised nurses will assist with the procedure and your recovery
- physiotherapist to assist with post operative mobility

How to prepare for the procedure

Your specialist should provide detailed advice on the preparation required in your particular case, but in general:

- you will need to fast (have nothing to eat or drink) for six hours prior to the procedure
- you should obtain medical advice about taking prescribed medications prior to the procedure. Your doctor will probably ask that you stop taking any anti inflammatory medication prior to surgery.

What happens on arrival at the hospital?

When you arrive at the hospital, you will be admitted. Necessary paperwork will need to be completed. Following admission, you will be taken to the ward or your room. An anaesthetist will visit you to discuss anaesthetic options and post operative pain management. You will probably be given medication to prevent blood clots and infection, and may be given a sedative to relax you before transfer to theatre.

Prior to the procedure your specialist will ask you to sign a consent form, indicating that you give him or her permission to perform the procedure and that you understand all potential risks and complications.

What to expect during a knee replacement

In the operating theatre you will be anaesthetised and prepared for surgery. The lower part of your leg, including the foot, is placed in a device to hold it in place. Your surgeon will make an incision extending from above to below the knee. Soft tissue such as muscle is moved to expose the knee joint, the tibia and femur are cut and the diseased knee joint removed.

Further bone may be removed to make sure the prosthetic joint fits correctly. In most cases, a glue called bone cement is applied to anchor the prosthetic knee to the femur and tibia. If required, the patella is replaced with a prosthetic called a 'button'. Ligaments and muscles are then rearranged and a drainage tube inserted in the wound. The incision is closed with stitches or clips and covered with a dressing.

What happens after a knee replacement?

Following surgery, you will wake up in the recovery room where nurses monitor your condition closely and administer pain management.

On return to the ward or your room, you can expect:

- to be given antibiotics to reduce risk of infection, medication to reduce risk of clots, and strong pain relief via an epidural or drip
- you can start eating again on the second day after your operation
- nurses, physiotherapists and occupational therapists will assist you with movement, exercises and modifications to make daily life easier during your recovery at home
- you will usually be encouraged to walk around on the second day after surgery
- knee replacement surgery without complications usually involves an average length of stay of eight days.
- stitches are usually removed about ten days after surgery

You should arrange for a friend or relative to accompany you when discharged from hospital, as you should not drive yourself home.

The hospital should give you specific instructions about your ongoing treatment, any side effects you may experience once home and any symptoms for which further assistance should be sought. Your surgeon may refer you to rehabilitation to improve your mobility and independence in self care.

In most cases, following an appropriate recovery period and physiotherapy, people who have had a knee replacement experience significant reduction of pain, increased knee movement and improved quality of life.



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Call us on 13 23 31 or visit medibank.com.au for your nearest Retail Centre

The information contained in this guide is current at the time of issue, July 2008, and supersedes all previously published material.
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