Gleneagles Hospital
HONG KONG
港怡醫院

| | | | |
|---|---|---|---|
| Hosp No. | : | HKID No.: | |
| Case No. | : | | |
| Name | : | | |
| DOB | : | M / F | |
| Adm Date | : | | |
| Contact No. | : | | |

# Procedure Information Sheet – Total Knee Replacement

## 1. Introduction

1.1. Total Knee Replacement is a surgical procedure whereby the diseased cartilage and bone in the knee joint is replaced by a prosthesis composed of metal and plastic.
1.2. There are usually three components: femoral prosthesis, tibial prosthesis and patellar prosthesis.
1.3. The knee joint can be divided into two parts: femoral-tibial articulation and femoral-patellar articulation. Depending on the severity of disease in your knee, the femoral-tibial articulation, with or without the femoral-patellar articulation, will be replaced by the prosthesis.
1.4. The surgery is expected to relieve pain, correct leg deformity and resume normal activities.

## 2. Procedural Preparation

2.1. Tests may be ordered include X-Ray of knee, blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. Do take blood-thinning agents for a few days prior to the surgery.
2.3. Physiotherapists may educate you on muscle training and breathing exercises prior to surgery.
2.4. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.5. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
2.6. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.7. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

## 3. Procedure

3.1. The operation will be performed under general or regional anesthesia.
3.2. A tourniquet may be put around the thigh region of the limb. It will be inflated during the procedure to decrease the blood flow to the leg.
3.3. Antibiotic prophylaxis for the operation will be administered to prevent surgical infection.
3.4. Incision is made in the anterior aspect of the knee joint.
3.5. Diseased cartilage and bone are then removed. The femoral prosthesis and tibia prosthesis are usually fixed to the bone by cement or other mechanical means. If your patella needs to be replaced, your surgeon will implant the patella prosthesis.
3.6. At the end of the procedure, drain(s) may be inserted for drainage of haematoma.
3.7. Before going back to a general ward, you may be kept in the recovery room of the operation theatre for observation.

## 4. Recovery Phase

4.1. You will be allowed to eat and drink when your condition is stable.
4.2. You need to start mobilization exercise of the ankle. This will help the circulation of blood inside your calf and decrease the chance of deep vein thrombosis.
4.3. Doctor may prescribe oral or intravenous analgesic for pain control.
4.4. Physiotherapy will be started later to maintain the range of motion gained during the operation. These include achievement of full extension, maximal flexion and regaining the strength of quadriceps. After a few days, therapists will start to train you to walk.
4.5. You will be arranged to sit out of bed as soon as possible and perform stretching and cycling exercise.
4.6. Drain(s) will usually be removed one to two days after surgery.
4.7. The stitches / staples will be removed after the wound heals.
4.8. You will be discharge within 5-6 days, or depending on your recovery progress.

## 5. Possible Risks and Complications

5.1. There are complications related to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

| | | | |
|---|---|---|---|
| Hosp No. | : | HKID No.: | |
| Case No. | : | | |
| Name | : | | |
| DOB | : | M / F | |
| Adm Date | : | | |
| Contact No. | : | | |

Gleneagles Hospital
HONG KONG
港怡醫院

# Procedure Information Sheet – Total Knee Replacement

5.2. Infection may occur after artificial joint replacement.
5.3. Knee dislocation after total knee replacement is rare.
5.4. The chance of intra-operative fracture is low. However, if fracture is encountered, your surgeon may need to stabilize the fracture by extending the wound and fixing the fracture with additional metal implants.
5.5. Deep vein thrombosis and pulmonary embolism may occur after surgery. Pulmonary embolism is not a common complication in total knee replacement. However, serious pulmonary embolism may cause death.
5.6. Serious knee stiffness occurs occasionally and may require further treatment.
5.7. Revision surgery is common since the artificial joint is expected to suffer from mechanical wear. The joint will be loosened ultimately.

## 6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

## 7. Reference


7.1. Arthritis of the Knee. AAOS.
7.2. Foran, J.R.H. Total Knee Replacement.
7.3. Schoen, D. C. Adult orthopaedic nursing. Philadelphia: Lippincott.


---

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____