CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Total Knee Replacement

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, recommends total knee replacement when knee pain from wear-and-tear arthritis has stopped responding to simpler treatments. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment, including your history, an examination, and imaging where needed, establishes the diagnosis.

Total knee replacement, also called total knee arthroplasty, means replacing the worn surfaces of your knee joint with an artificial joint. The main reason for the operation is to relieve pain caused by severe arthritis. Before surgery is considered, we usually try non-operative care first: activity changes, physiotherapy, walking aids such as a cane, anti-inflammatory medicines, and injections into the knee. Surgery follows when those treatments have not given enough improvement. Your x-rays also need to match what you feel in the knee before we suggest it. We look at your general health, your knee function, and what you want the operation to achieve, and we make the decision together with you. The goal is the best possible outcome for you as an individual: less pain, better movement, and a knee you can rely on day to day.

Before the operation

Once surgery is planned, we will give you clear instructions to follow in the days before you come in. You will need to stop eating and drinking for seven hours beforehand. We ask for seven rather than six hours so that we can bring you forward if the theatre list runs early. Some medicines may need to be paused, and we will tell you which ones and when. Bring a written list of everything you take, including tablets, injections and supplements. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing that is easy to change out of. Imaging such as x-rays, and sometimes an MRI or ultrasound, helps us plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before your surgery date.

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On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Total knee replacement means removing the worn-out surfaces of your knee joint and replacing them with artificial parts. Your surgeon makes a cut over the front of your knee to reach the joint. The damaged surfaces on the end of your thigh bone and the top of your shin bone are shaped to fit the new parts, which are then fitted into place. A smooth plastic surface sits between them so the joint can move freely. The kneecap surface may also be treated if it is badly worn.

Your surgeon takes care to balance the soft tissues around the new joint. This means checking that the knee is stable when straight and when bent, so it is neither too tight nor too loose. Getting this balance right helps the kneecap glide smoothly in its groove as the knee bends. The parts can be held to the bone with or without bone cement; both ways hold the new joint firmly.

There is no single best way to perform this operation, and your surgeon uses a standard, well-established approach with standard components. Once everything is in place and moving well, the cut is closed with stitches and covered with a dressing.

After the operation

When you wake up, you will be in the recovery area, and nurses will check on you closely. Once you are steady, you will move to the ward. Your knee will have a dressing on it, and nurses will help you get up and moving soon after, often with a walking frame at first. Pain relief is part of the plan, and your team will keep you comfortable as the anaesthetic wears off. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Expect soreness and swelling in the knee during the early days. This is a normal part of healing, and it settles gradually as the knee recovers. Pain relief is part of the plan, and your team will keep you comfortable. Getting

up and moving soon after the operation helps your recovery, and your physiotherapist will guide you through exercises that build strength and movement in the new joint. Doing these exercises regularly matters more than doing them perfectly.

Day to day, you will practise bending and straightening the knee, walking a little further each time, and getting back to normal tasks around the house at your own pace. The swelling often takes a while to settle, and movement keeps improving as it does. Many people notice their knee feels at its best once the swelling has gone down and the exercises have done their work. Recovery continues over time, and the improvements you feel in the first year can keep building after that.

You will not need a brace for this operation. Sleeping is easier for most people once the knee is comfortable, and your physiotherapist can suggest positions that suit you. When it comes to driving, the universal rules apply: no driving while you are on strong pain medication, and only once you can hold the wheel with both hands and react in an emergency stop. Your surgeon will clear you when the time is right, and our guide to driving after upper-limb surgery explains more.

Recovery varies from person to person, and your timeline may differ. Your surgeon and physiotherapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Infection around the new joint is the problem we watch for most closely. It can show up as a deep, throbbing pain that does not ease with simple painkillers, redness spreading out from the wound, warmth over the knee, or fluid leaking from the cut. You might feel feverish or generally unwell. If you notice any of these signs, call the clinic straight away rather than waiting for your next appointment. An infection caught early is much easier to treat than one that has taken hold.

The new parts can also work loose from the bone over time, without any infection being present. This usually feels like pain that returns or worsens as the months go by, sometimes with a feeling that the knee is no longer steady underneath you. Bring this up at your review so we can look into it.

Sometimes the knee does not bend as freely as we hoped, or the kneecap does not glide smoothly in its groove. You might notice stiffness that will not improve with exercises, a clicking or grinding feeling, or pain at the front of the knee when you use stairs or stand up. Tell us at your next visit. If stiffness is the problem, there are treatments we can offer to help the knee move again.

Blood clots can form in the deep veins of the leg after this operation. Watch for sudden swelling and tenderness in the calf, or pain that is worse than you would expect from the surgery itself. If a clot travels to the lungs, you may feel short of breath or have chest pain. Go to the emergency department if you have breathing symptoms, and call the clinic about calf symptoms.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems give warning signs, and catching them early makes them easier to treat. Call us if you have a fever, increasing redness or discharge from the wound, or pain that keeps getting worse instead of settling. Call us about calf swelling or tenderness too. Go to emergency if you feel short of breath or have chest pain, or if your leg suddenly loses feeling or you cannot move it. If you are unsure whether something is normal, call us anyway. We would rather hear about it early.

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