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Patient Information Sheet - Knee Replacement: Risks

Knee replacement is overall a very successful operation. It is a routine operation however it is still quite a major operation to have and complications are possible. Overall the success rate for knee replacement surgery is approximately 95%, most people can expect their surgery to be very successful. However complications may occur in about 5% of cases and about half of those may be serious complications.

This sheet serves as a reminder of the complications which Dr Marel has discussed with you.

The most major complications are general and anaesthetic complications of surgery including heart attack, stroke, anaesthetic allergic reactions, pneumonia, etc. A blood clot in the leg or in the chest (deep venous thrombosis or pulmonary embolus) sometimes occurs after knee replacement. The operative wound itself may become infected, there may be skin healing problems with the wound.

Specific complications relating to knee replacement include possible fracture of bones during the operation or damage to surrounding structures including nerves and arteries, the tourniquet which is used for surgery might cause nerve damage, usually mild and temporary. There may be some residual pain after the operation, occasionally associated with one part of the knee. There may be numbness near to the incision.

At the time of knee replacement surgery the knee will fully straighten and will bend about 120 degrees but one or two days after the surgery the knee will be quite difficult to bend and straighten, physiotherapy and exercises are necessary to achieve a good range of movement. In some cases the knee may not straighten fully and this is especially likely if the knee has been unable to fully straighten for a long time before the operation. In these cases sometimes a manipulation under anaesthetic may be necessary to achieve a better range of movement after knee replacement.

Late complications include late infection spread by the bloodstream, it is important that treating doctors are aware of the presence of a knee replacement, they will give antibiotics if there is any risk of a bacterial infection affecting the entire blood system. This is not necessary for coughs or colds or viruses or the flu. Long term the knee may worsen or wear out, indeed all knee replacements are expected to wear out after some time but the length of this time is difficult to predict. Dr Marel will review you and take Xrays every few years even when things are going well, so that developing problems may be diagnosed early.

It is not possible to list all potential complications as there are many rare but possible complications. Listed above are the most common and most serious complications, precautions are taken and there are procedures in place to minimise these wherever possible. Please feel free to discuss any further questions you may have prior to surgery.