

## **Total Knee Replacement**

A total knee replacement involves replacing the damaged joint surfaces with metal and plastic implants. This procedure is generally for patients with severely degenerated knee joints, which cause significant pain and limitation in knee function, and when all the conservative measures have failed.

Most patients recover well post-operation and achieve good knee function compared to pre-operative level. A 2003 research from the United States of America National Institutes of Health shows that a total knee replacement can reliably reduce pain and improves health-related quality of life in 90% of patients.

While the rate of post-operative complications is very low, some patients may experience them. These include wound infection and deep vein thrombosis. Some patients may also suffer from persistent pain and stiffness.

### **How is it treated?**

A complete physical examination will be done by the doctor and patients will need to undergo a battery of blood tests to make sure that they are healthy enough for the total knee replacement procedure. Patients with cardiac conditions may be evaluated by a cardiologist. Nurses, physiotherapists, and occupational therapists will be involved in both pre and post-operative patient care.

### **What does rehabilitation involve?**

Rehabilitation helps patients to regain good knee range, strength and function in day-to-day activities.

Physiotherapy may commence before the total knee replacement operation and may continue three to six months after surgery. Before the surgery, patients will be taught on the rehabilitation process that includes simple exercises to be performed after operation.

Rehabilitation will commence on the same day or the day after surgery. Most patients will be able to get out of bed and move around with a walking frame one day after surgery. The physiotherapist will provide assistance and ensure patient is safe during mobilisation. Patient may need a walking aid for the first few weeks, and may gradually wean off the walking aid once they gain enough muscle control and balance. After the patient is discharged from the hospital, rehabilitation will continue in an outpatient setting until he/she is independent in the community with optimal range of motion and strength.

Individuals may also be referred to an occupational therapist during their hospital stay. Occupational therapy sessions may include the following:

- Training in activities of daily living e.g. showering, or instrumental activities of daily living e.g. cooking
- Advice on fall prevention
- Advice on precautions for activities of daily living
- Training and advice on equipment to aid independence and safety

**Useful Websites:**

[Finding ease for old knees](#)

[Further information on Total Knee Replacement \(AAOS\)](#)