

Revision Total Knee Replacement

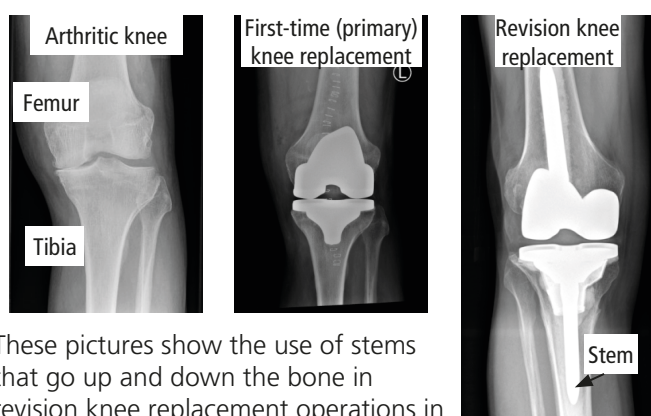
The purpose of this document is to provide information to you about revision knee replacement surgery.

What is a revision knee replacement?

A revision knee replacement is the removal of the old artificial joint and replacement with a new one.

A revision operation is bigger and more complicated than your first-time surgery. The old implant needs to be removed. The bones and tissues around the knee replacement are often weak and not in a good condition. In order to get a better hold within the bone, stems are often used (metal rods that go up and down the inside of the bones - see picture below). Specialist implants are used for revision knee operations.

The following are X-ray pictures of knees before and after the first replacement knee, and then after the revision replacement:



These pictures show the use of stems that go up and down the bone in revision knee replacement operations in order to secure the implant in the bone

Why is a revision knee replacement performed?

Most primary knee replacements last up to 20 years, and some last even longer, but when knee replacements fail, symptoms such as pain, stiffness and feeling unstable can occur.

A revision may be performed for a number of reasons. The old artificial joint may have become worn or damaged, the parts may have become loose, there may be infection, or the bone may have fractured or failed around the components. There may be other reasons, including problems with the kneecap or the position of the joints or parts, or even progression of arthritis in the knee if you had a partial knee replacement.

What are the benefits of surgery?

The aim of revision knee surgery is to improve the quality of life of our patients by decreasing pain, improving mobility and eradicating infection if present.

What are the risks of surgery?

As with any surgical procedures, there are risks and because this procedure is significantly longer and more complex than the first operation, the risks are greater. You are also older than you were at the time of your first operation.

The possible risks from revision surgery will be discussed further with you by your consultant. They include:

- Blood clots – deep vein thrombosis and pulmonary embolus (clot in lung)
- Infection in the wound and/or in the implant
- Fractures
- Risks of the anaesthetic – this may involve a general and/or spinal anaesthetic
- Heart attack, stroke or mini-stroke or kidney problems

- Bleeding that may require a blood transfusion
- Damage to nerves and blood vessels around the knee
- Stiffness, scars and swelling
- There is also a small risk to your life from a revision knee replacement. The level of this risk depends very much how fit and healthy you are when you undergo the operation
- Revision knee replacements are designed to last up to and over 15 years, but the success rates are lower than for first time surgery

Out-patient clinic

Once you have decided to proceed with surgery, your name will be placed on a waiting list. You will need to be seen in a pre-operative consent clinic where you have the opportunity to further discuss your case and surgery with your consultant. You may also need to see an anaesthetist prior to your surgery. Further investigations may be conducted about your health prior to surgery. We will arrange x-rays and blood tests at this appointment if needed, as well as obtaining a detailed medical history from you, including medications that you take.

In the build-up to your surgery we would encourage patients to reduce weight if required and stop smoking. Both excessive body weight and smoking are directly linked to poor outcomes- specifically anaesthetic complications, wound infections and delayed healing. Physiotherapy and exercise (as much as reasonably possible) is very important both before and after your surgery to keep you healthy and your muscles strong. The stronger you are, the more likely you will recover faster after surgery.

It is also important that you ensure that your medical conditions have been reviewed recently by your doctor. If you have a low blood count (anaemia), we will look to correct this before your surgery. Your diabetic control must be good, and your blood pressure must be well controlled.

It may also be recommended that you are reviewed at a specialist pain clinic in advance of your surgery.

How long will I be in hospital after the surgery?

This depends on the type of revision surgery and the reason it is being performed. Length of stay for most revisions is 2-3 days but may be longer if antibiotics are needed in the case of revisions due to infection. Depending upon the size of your revision operation, you may need to be cared for at the Intensive Care or High Dependency Unit after your surgery.

As with your first surgery, we aim to mobilise you out of bed the day after surgery with our rehabilitation team. You will be given a frame or crutches and exercises to strengthen and bend your knee. It will be painful, but we will be able to give you strong pain relief if needed. You will be sent home on medicines (usually aspirin) for six weeks after your surgery to reduce the risk of blood clots.

We will only discharge you when you are medically stable and can manage safely at home. This decision is reached considering all the information from our multi-disciplinary team.

You will have an appointment usually with your GP surgery to remove the clips or sutures from your knee wound. You will then be reviewed by your surgical team at around the six-week stage.

A referral will be made for out-patient physiotherapy close to where you live. You will be shown exercises to carry out at home. It is important to perform these exercises regularly as undertaking the exercises regularly is likely to help you recover quicker.

How will my knee feel after surgery?

Every case of revision knee surgery is different. Some are more complicated than others. However, we aim for you to be off crutches by 6 to 9 weeks after surgery, and we would hope you would be safe to return to driving soon after this.

The outcomes after revision knee replacement are more unpredictable than for first time surgery. We would expect your knee to have some significant pain and swelling for even up to the one year after the operation. Your knee will keep improving for up to two years after surgery.

Your 'individual knee history' will have an impact on your recovery; for instance, if you have had many operations already on your knee, your muscles will not be as strong and you will take longer to recover.

If you feel that there are problems with your wound or have any concerns after your surgery, we would like to know. Our contact telephone numbers are at the end of this document.

Our multi-disciplinary team

The treatment of a knee replacement that requires revision involves a specialist team in order to achieve the best possible outcome for you. The team helping you through your patient journey consists of:

- Consultant orthopaedic surgeons, fellows, registrars and junior doctors
- Anaesthetists, theatre staff and recovery nurses
- Microbiologists (in cases of revision for infection) and pharmacists
- Specialist nurses and physiotherapists
- Ward nursing staff, occupational therapists and physiotherapists

Additionally, you are receiving your treatment at a hospital that is part of a 'Network' of hospitals that form The South West Revision Knee Network. This means that your case and treatment may be discussed at a Regional Multidisciplinary Team (MDT) meeting. At this meeting there are specialist revision knee surgeons, a microbiologist (infection doctor)*, physiotherapists and a specialist nurse. *only present if the need for revision surgery is infection-related.

The aim of this MDT meeting is to discuss patients undergoing revision knee surgery with other revision knee specialists so there is a clear plan for your surgery, subsequent treatment and that treatment decisions are based on current best practice and national guidance. In a small

number of cases it may be recommended that your care is transferred to another unit known as the Major Revision Centre (Royal Devon University Healthcare NHS Foundation Trust).

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The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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