



Joint Replacements

Total Knee Replacement Surgery:

Knee replacement surgery can help relieve pain and restore function in severely diseased knee joints. The knee is the largest joint in the body, and one of the easiest to injure. The most common reason for knee replacement surgery is to repair joint damage caused by osteoarthritis or rheumatoid arthritis.

You might consider knee replacement if you're experiencing knee pain that:

- Persists, despite pain medication
- Worsens with walking, even with a cane or walker
- Gives you moderate or severe knee pain when at rest
- Affects your ability to go up or down stairs
- Makes it difficult to rise from a seated position

The procedure:

During knee replacement, your surgeon will cut away damaged bone and cartilage and replace it with an artificial joint made of metal alloys, high-grade plastics and polymers.

After the procedure:

Depending on your overall health and activity level, you will either have a brief hospital stay or be able to go home on the day of surgery. Most patients require the use of a walking aid (walker or crutches) for about 2-3 weeks. By 6 weeks out from surgery, most patients are walking 1-1.5 miles a day with minimal pain and no limp. Most people resume their normal activities by this time — even if in a limited fashion. Further recovery with improving strength will often occur for six to 12 months.

Expect your new hip joint to reduce the pain you felt before your surgery and increase the range of motion in your joint. But don't expect to do everything you couldn't do before surgery. High-impact activities — such as running or playing basketball — may be too stressful on your artificial joint. But in time, you may be able to swim, play golf, hike or ride a bike comfortably.



Partial Knee Replacement

A partial knee replacement is surgery to replace only one part of a damaged knee. It can replace either the inside (medial) part, the outside (lateral) part, or the kneecap part of the knee. Patients with osteoarthritis that is limited to just one part of the knee may be candidates for partial knee replacement.

In partial knee replacement, only part of the knee is replaced with metal and plastic. The healthy cartilage and bone in the rest of the knee is left alone.

In order to be a candidate for this procedure, your arthritis must be limited to one compartment of your knee. Patients with inflammatory arthritis, significant knee stiffness, or ligament damage may not be ideal candidates. Your surgeon will help you determine if this procedure is suited for you.

The procedure:

If your knee is suitable for a partial knee replacement, your surgeon will remove the cartilage from the damaged compartment of your knee and will cap the ends of the femur and tibia with metal coverings. The metal components are generally held to the bone with cement. A plastic insert is placed between the two metal components to allow for a smooth gliding surface.

After the procedure:

Patients usually experience less postoperative pain, less swelling, and have easier rehabilitation than patients undergoing total knee replacement. You will most likely resume your regular activities of daily living by 6 weeks after surgery. Research shows that a partial knee replacement can last just as long as a total knee replacement, and can be revised to a total knee replacement in the future if necessary.

Minimally Invasive Knee Replacement:

The traditional approach to knee replacement uses a long vertical incision in the center of the knee to view and access the joint. Minimally invasive total knee replacement is a variation of this approach.

Unlike traditional total knee replacement, the minimally invasive technique is not suitable for all patients. Your surgeon will discuss the different surgical options with you.

The procedure:

In minimally invasive knee replacement, the procedure is similar, but a smaller incision is made and there is less cutting of the tissue surrounding the knee. The artificial implants used are the same as those used for traditional knee replacement. Because the techniques used to expose the joint involve less disruption to the muscle, it may lead to less postoperative pain and reduced recovery time.

After the procedure:



Physical rehabilitation is a critical component of recovery. Your surgeon or physical therapist will provide you with specific exercises to help increase your range of motion and restore your strength.

Revision Hip and Knee Replacement

Although most total joint replacements are very successful, over time problems such as implant wear and loosening may require a revision procedure to replace the original components. When this occurs, your knee or hip can become painful and swollen. It may also feel stiff or unstable, making it difficult to perform everyday activities.

If your joint replacement fails, your doctor may recommend that you have a second surgery—revision total hip or knee replacement.

In determining the extent of the revision needed, your surgeon will consider several factors, including the quality of the remaining bone, the type and location of the fracture, and whether the implant is loose.

The procedure:

Revision joint replacement is more complex and takes longer to perform than primary total joint replacement. In most cases, the surgery takes from 2-3 hours. In this procedure, your surgeon removes some or all of the parts of the original prosthesis and replaces them with new ones.

To begin, your surgeon will follow the line of the incision made during your primary joint knee replacement. The incision may be longer than the original to allow the old components to be removed.

After removing the original implant, the doctor will prepare the bone surfaces for the revision implant. Finally, the surgeon inserts the specialized revision implant.

After the procedure:

Recovery after revision surgery is usually slower than recovery after primary total joint replacement. You will need some help at home for several days to several weeks after discharge.

The vast majority of patients who have revision surgery experience favorable long-term outcomes, including relief from pain and increased stability and function.