



Enhanced Recovery After Surgery (ERAS)

Is a knee replacement right for you?



The ERAS Collaborative
Jointly Better



MINISTRY OF
HEALTH

MANATŪ HAUORA

This booklet will help you decide if a knee replacement is right for you.

It explains what osteoarthritis is, how a knee replacement is done, how it might help, what the risks are and what to do if you choose not to have surgery.

Knee replacement is a treatment for severe arthritis of the knee. Arthritis hurts and it stops your knee from working properly. Those things make moving about difficult.

By replacing your damaged knee joint with an artificial one, surgeons are trying to:

- stop your knee hurting
- get you moving more easily
- improve your quality of life.

ACKNOWLEDGEMENTS

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Osteoarthritis is the most common joint problem.

It can make your joints stiff and painful. It is most common in the joints in your knees, hips, hands and spine. Unlike other types of arthritis, osteoarthritis only affects your joints. It does not have an effect on any other part of your body.

Osteoarthritis can't be cured but there are treatments that can ease the symptoms.

Osteoarthritis is not simply due to ageing or wear and tear on the cartilage in your joints; it's a disease that affects the entire joint: the cartilage, the bone, the membrane, the fluid within the joint, the ligaments and the muscles.

Most people don't have a severe form of the condition. Only a few will need surgery to replace an affected joint. Surgery can work very well, but it doesn't work for everyone.

There are certain things that make some people more likely than others to get osteoarthritis. These are:

Age

Age is the most important risk factor for osteoarthritis. Between one and two people in every 10 aged over 60 have osteoarthritis that causes them pain.

Weight

Being overweight is a risk factor. If you already have signs of osteoarthritis, being overweight will increase the likelihood that the disease will progress.

Your job

Doing some jobs increases your risk of osteoarthritis. Heavy physical labour, especially lifting, can lead to osteoarthritis of the knee or hip, as can repeated kneeling and squatting.



The symptoms of osteoarthritis develop gradually, sometimes over many years.

Once a joint is affected by osteoarthritis, it means it struggles to do its job properly. It can no longer move smoothly without feeling stiff or causing pain.

Pain

You may have pain most days. It may hurt just when you use the joint that is affected or it may be with you all the time. It may be mild or it may be severe. The pain can be burning, aching or sharp.

People with osteoarthritis sometimes say their joints hurt and they want to rub them to make them feel better. Osteoarthritis can get better as well as worse, and you may find that your pain improves with time. Pain has a psychological as well as a physical side, and if you feel more in control of your condition, then you are likely to cope better with the pain. People who manage to exercise and see their friends and family tend to feel less pain than people who are inactive and feel socially isolated.

If your arthritis does get worse, it may keep you awake at night. Night pain indicates more severe osteoarthritis.

Stiffness

Stiffness is a common symptom of osteoarthritis. Typically you feel stiff first thing in the morning and it eases as you begin to move about, usually within 30 minutes. You may also feel stiff if you have been sitting still in one position.

Problems moving

If you have osteoarthritis, you may find you have problems doing everyday things like climbing stairs and reaching high shelves. Unlike morning stiffness, when you have difficulty in moving, it doesn't wear off. You may find you can't get your joint to move like it used to and that you become less mobile.

Swelling / knobby joints

Your joint may look and feel swollen and/or knobby.

A crunching feeling in a joint

Doctors call this crepitus. It's the unpleasant feeling of the bones crunching together. It can sometimes hurt.

Muscle weakness

The muscles around the affected joint may become weak, particularly in osteoarthritis of the knee. This problem is especially likely in women.

Unstable joints

If you have osteoarthritis of the knee, you may feel your knee is unstable and might give way at any time. This can make going down stairs difficult.

Most people with arthritis of the knee do not need surgery.

You and your doctor should consider a referral for knee replacement only if your arthritis means that:

- your knee hurts most of the time and sometimes stops you from sleeping
- you can't do everyday things and so are less independent
- your pain and the problems you have doing everyday things are making you depressed
- you can no longer do things that you used to do, such as going out in the car
- your knee keeps giving way or locking up
- you have tried other treatments, such as painkillers, physiotherapy or physical aids, but they haven't worked.

A knee replacement operation helps most people with osteoarthritis in their knee.

If you have the operation, there is a very good chance that the pain and stiffness in your knee will get better or go away completely.

The aim of surgery is for you to be able to resume normal everyday activities without pain. These include climbing stairs, walking, swimming, golf, driving, light hiking, cycling and ballroom dancing. Activities not suitable include jogging or running, contact sports, jumping sports and high impact aerobics.

More than 90 percent of knee replacements last beyond 10 years*.

* New Zealand Orthopaedic Association. (2013). The New Zealand Joint Registry *Fourteen Year Report*, 1-148.



During the operation

A total knee replacement is a big operation. It takes between one and two hours.

You should expect to be given a spinal anaesthetic unless there are reasons that a general anaesthetic is better for you. Your anaesthetist will talk to you about these options.

During the operation, the lower end of the femur (thigh bone), the upper end of the tibia (shin bone) and the patella (knee cap) are replaced with smooth artificial surfaces. These artificial pieces (the prosthesis) are implanted into healthy portions of the shin and thigh bone. If required, a plastic disc is put on the knee cap.

After the operation

Strenuous activity should not be resumed for 10 to 12 weeks after surgery.

You can resume driving about six weeks after surgery as long as you can brake without hesitation and have informed your insurance company.

Avoid short and long haul flights in the first six weeks unless necessary.



Your District Health Board is using an Enhanced Recovery After Surgery pathway for all patients undergoing total knee joint replacements to ensure you have the best possible outcome, care and experience overall.

The aim is for you to be in a good condition for surgery, to have your condition well managed, and for you to have effective rehabilitation so that you recover faster and can return to your normal activities sooner.

Your GP/primary care team will help you prepare for surgery while you wait for your first specialist assessment.

This may include:

- checking for other health problems that may affect your operation
- performing a 'fit for surgery' health screen, which includes checking your haemoglobin, body mass index, renal function, fitness and teeth
- offering healthy living advice if needed, such as how to lose weight, how to stop smoking and how to improve fitness.

At your first specialist assessment, you will be told what the operation will involve and what role you will have to play in your journey.

If you are accepted for surgery and you agree to have it, you can expect to be operated on within four months. While waiting for surgery, you will have further specialist appointments.

You are strongly encouraged to take part in a patient education session before your operation. It is a good idea to take a friend, family member or support person with you to the class. You will learn about what happens during and after surgery and may be loaned equipment.

You will be admitted to hospital on the day of your surgery. All going well, you are likely to be home within three to four days.

What are the risks of surgery?

It is important that you understand that there are possible risks linked with any major operation and total knee replacement is no exception.

Your District Health Board's Enhanced Recovery After Surgery model of care will help reduce the risk of these complications with your active participation.

Infection

Your wound can become inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated with a course of antibiotics and often settle down following treatment. The risk of developing an infection following a knee replacement is about 1-2%.

Bruising and swelling

After the operation, bleeding under the skin may make the wound swollen and painful.

Deep Vein Thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. There is about a 1-4% risk of developing a DVT following surgery.

Pulmonary Embolism (PE)

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening PE is very low.

Nerve injury

There are nerves that control the muscles in your legs and feet close to where your surgeon will be operating. Your surgeon will take care to avoid them while operating. Very rarely, these nerves can be stretched or damaged at the time of your operation. This can lead to numbness, tingling or the inability to move the muscles in your leg or foot.

If your pain doesn't get any worse, and you can cope with it, you may not want to go through a big operation.

It is hard to say what will happen to you as osteoarthritis of the knee can affect people differently. Some people find they can cope by taking painkillers, while others find the pain and difficulty in moving makes life miserable. Not everyone finds the pain gets worse with time and some people manage to live with it. But if your symptoms are stopping you from enjoying life, research suggests that it's best to consider surgery before you become too disabled.

What other treatments are there?

There are many treatments for arthritis. You will probably find that a combination of treatments suits you best. It also helps if you've got family/whānau and friends to support you. Anxiety and depression can make your pain worse. Keeping active and optimistic will reduce your risk of being disabled by your arthritis.

There are several things you can do to help manage your arthritis without drugs.

Stay active: Regular exercise could lessen your pain. Try swimming, cycling or walking. This doesn't make your arthritis worse. Best activities are 'low impact' activities that don't jar the joint but keep the muscle working and healthy.

Eat a healthy diet: Carrying extra weight puts a strain on your knees. This is likely to make your pain worse. If you are overweight, losing weight may be all you need to do.

See a physiotherapist: Physiotherapists can teach you specific exercises to strengthen your knees and stay mobile.

Get help with mobility: There are lots of different devices to help you move around more easily and confidently including walking sticks, other walking aids and shock absorbing shoes. Talk to your family doctor about whether you are eligible for a mobility parking permit. The permit will allow you to use car parks that are wider than standard parks and closer to venues. Visit mobilityparking.org.nz for more information.