

Patient Information Guide: Total Knee Replacement

Welcome

It is important for you and your family or carer to understand as much as possible about your knee replacement surgery. By knowing what to expect, you will be better prepared for your hospital stay, recovery, and return to daily activities.

This guide has been prepared for patients who are considering or scheduled for a total knee replacement. It provides information on the procedure, benefits, risks, alternatives, and what to expect before, during, and after surgery.

Please also read “Patient information and support” This covers a great deal of information regarding preparation for surgery, admission, post-operative care and rehabilitation.

The aim is to ensure you are fully informed and confident in making decisions about your care. Please ask questions at any time — at clinic, before your operation, or while you are in hospital.

Understanding the Knee Joint

The knee joint is not simply a hinge, it is a highly complex joint that involves flexion, extension, rotation and sliding, all controlled and stabilised by muscles and ligaments. The bony components are made up of:

- The femur (thigh bone)
- The tibia (shin bone)
- The patella (kneecap)

Cartilage cushions the joint and allows smooth movement. When the cartilage wears away due to arthritis or injury, the bones rub together, causing pain, stiffness, and reduced movement.

What is a Total Knee Replacement?

A total knee replacement (also called knee arthroplasty) is an operation to remove the damaged surfaces of your knee joint and replace them with artificial parts made of metal and plastic.

Surgery is usually considered only when other treatments have not worked and knee pain significantly affects daily life.

Why Is Total Knee Replacement Recommended?

Total knee replacement may be considered if hip pain and stiffness are significantly affecting daily activities and other treatments have not provided relief.

Common causes of knee pain include:

Osteoarthritis (most common cause)

Rheumatoid arthritis

Previously failed surgeries (arthroscopy or uni (half) knee replacement).

Alternatives to Surgery

Before surgery, non-surgical treatments are usually tried. These may include:

- Weight loss (reducing strain on the joint)
- Pain relief medicines, creams, or gels
- Physiotherapy and strengthening exercises
- Use of walking aids or braces
- Potential steroid injections into the joint (these only really work in the early disease process)

If these measures are no longer effective, surgery may be advised.

Benefits of Knee Replacement

- Relief of pain – over 90% of patients report significant improvement
- Better mobility – easier walking, standing, and stair climbing
- Improved independence – daily tasks become less restricted
- Durability – most knee replacements last 15–20 years or longer

Risks and Complications

As with all major operations, there are risks. These include:

General risks of surgery:

Blood clots in the legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE)

Chest infection

Urinary infection or retention

Constipation or confusion (from medication/anaesthetic)

Reactions to medicines

Heart attack or stroke (rare)

Death (extremely rare)

Risks specific to total knee replacement:

Infection in the wound or joint (this may require further surgery)

Stiffness or limited movement

Injury to nerves, blood vessels, ligaments, or tendons

Bleeding or haematoma (occasionally requiring further surgery)

Ongoing pain despite surgery

Implant wear or loosening over time

Fracture around the knee (very rare)

Need for revision (repeat surgery)

The overall risk of serious complications is low, but it is important that you are aware of them before giving consent.

Recovery and Rehabilitation

Recovery is gradual. Typical stages are:

- 0–6 weeks: Pain, swelling, stiffness are common. Walking aids required. Exercises vital.
- 6–12 weeks: Pain improves, walking distance increases, daily tasks easier.
- 3–6 months: Return to most activities, still some stiffness or swelling.
- 6–12 months: Full recovery for most patients.

It is normal to have:

- Swelling and warmth for several months
- Numbness around the scar (sometimes permanent)
- Clicking noises as the new joint moves

Long-Term Expectations

Most people can return to normal activities. You will be able to enjoy:

Walking, shopping, swimming, cycling, golf and most other activities.

If you wish to engage in high-impact activities, please discuss them during your outpatient consultation.

Follow-Up

You will be reviewed 8 weeks after surgery.

X-rays may be used to check implant position.

Key Points to Remember

Knee replacement surgery is a safe and effective treatment for severe knee arthritis. It can significantly reduce pain, improve mobility, and enhance your quality of life.

Risks are low but not zero — infection and blood clots are the most concerning complications. Nearly all patients recover well and enjoy long-lasting results

Recovery takes time: expect discomfort for several weeks and gradual improvement over 3–6 months. Please be guided by your physiotherapist and rehab team.

With care, most knee replacements last decades.

If you have any questions, please discuss them at your appointment. It is important that you feel informed, confident, and fully prepared for your surgery.