

Patient information brochure

Artificial knee joint



UNITED
ORTHOPEDIC®

Each Step We Care

Editorial

This brochure has been designed to provide information on knee prosthesis for patients, their relatives and anyone else wishing to learn more about it.

Its aim is to answer your essential questions, explain the principle, and process of fitting an artificial knee joint, and dispel any doubts or fears you may have.

However, please note that under no circumstances this information can replace a consultation with a specialist. You are probably reading this brochure because your doctor has already diagnosed you or someone close to you a knee osteoarthritis, also known as gonarthrosis. It is likely that other treatment methods, such as medication and physiotherapy, have already been prescribed.

However, in cases of advanced gonarthrosis, these treatments often have limited long-term effect. Pain, especially when chronic, can be a serious problem that limits quality of life and mobility. A knee endoprosthesis, namely an artificial knee joint, can remedy advanced osteoarthritis. After such an operation, pain disappears and patients can regain lost mobility, as well as improving their quality of life.

Read it carefully and keep it. If you have any questions, don't hesitate to ask the medical and nursing team.

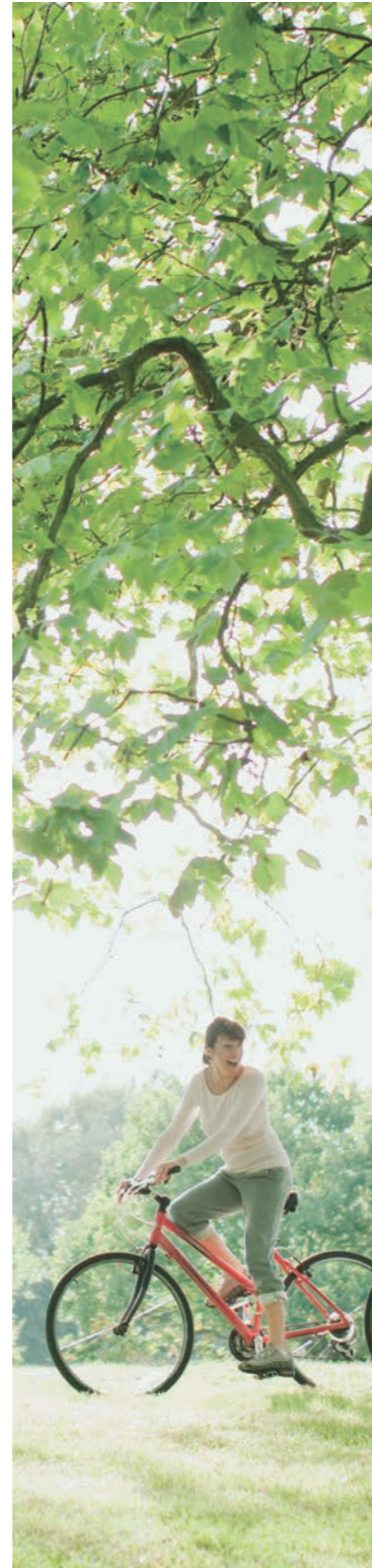


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Introduction

You are considering a knee replacement. The aim of this operation is to eliminate pain and improve your mobility.

It must be carried out by a specialized team. Many people are involved to help you make the most of your stay: surgeons, anaesthetists, nurses, care assistants, physiotherapists, occupational therapists, secretaries, social workers, and home helpers. This surgery requires your active participation before and after the operation so that you can reap the full benefits.

This brochure is intended for you and your loved ones. It provides you with information about the different stages of your treatment and helps you to organise your procedure as effectively as possible, answer any questions you may have and allay any fears you may have. It contains explanations about the operation, as well as advice on preparation, rehabilitation, and your return home.

The knee joint

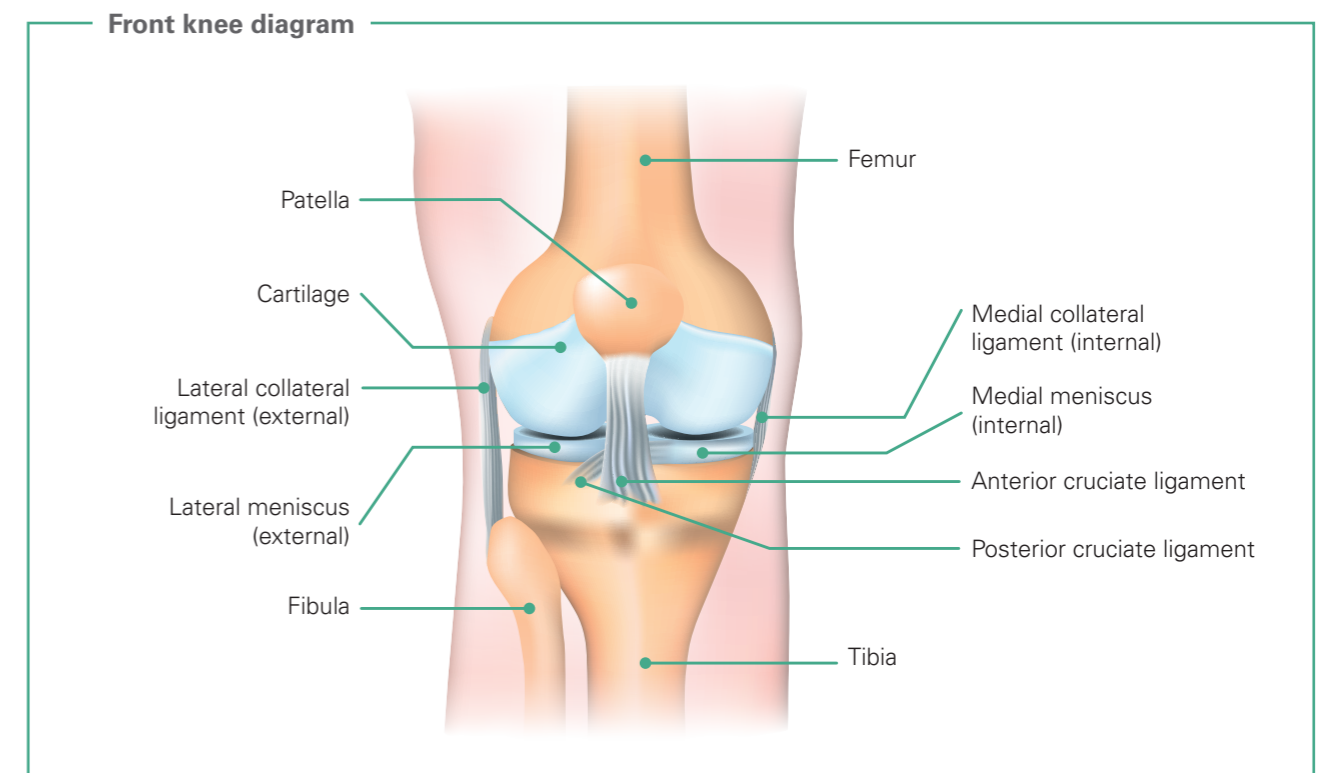
The knee joint is made of three bones :

1. Femur
2. Tibia
3. Patella

The first and second form the femorotibial joint. This joint ensures flexion and extension of the leg. The first and third form the patellofemoral joint.

The knee is therefore made up of two partial joints. It represents the largest joint of the human body. It is directly connected by the patella to the largest muscle, the quadriceps, located at the front of the thigh. The knee joint can easily withstand heavy loads. Three to four times your body weight when walking briskly.

It's a hinge-pivot joint. "Hinge" means it can be bent and stretched. The condyles perform rolling and sliding movements. The condyles are the two particularly pronounced ends of the femur.



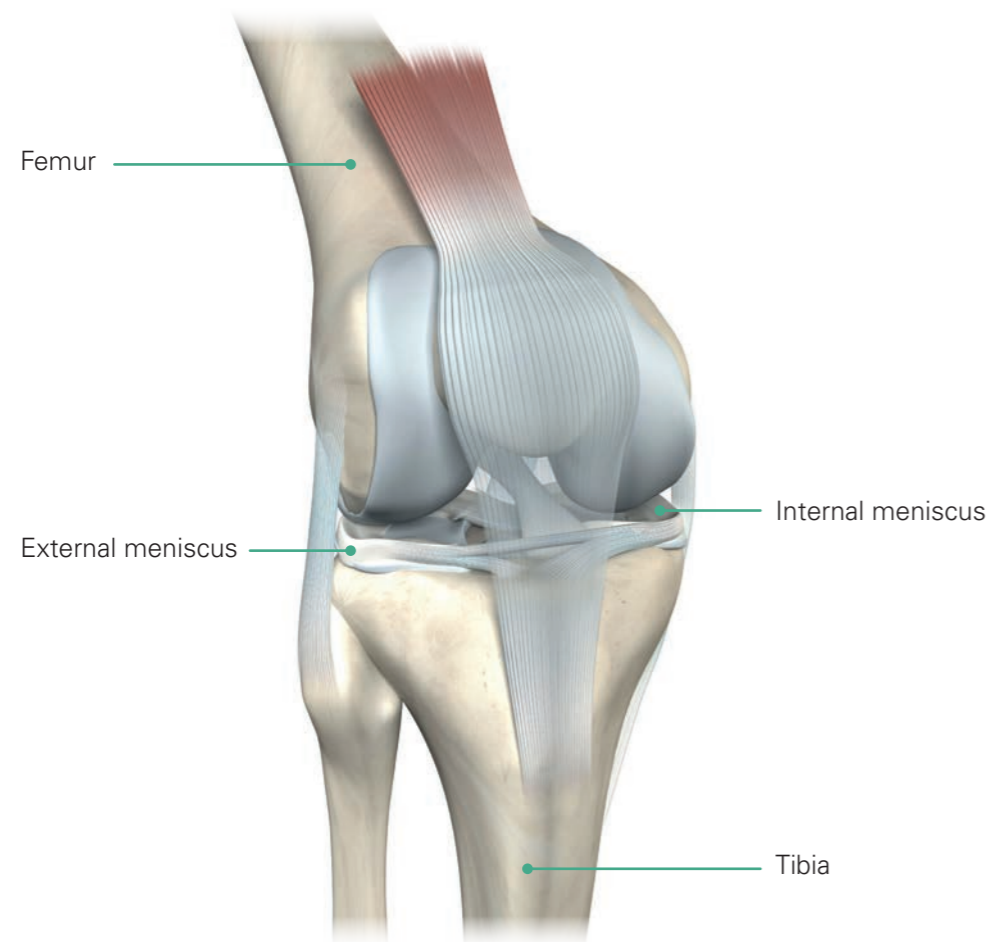
The knee joint

Stabilizers

The knee joint would be totally unstable without the many ligaments that hold it together. The most frequently injured ligaments are the anterior and posterior cruciates, which, as their name suggests, cross in the groove between the two condyles of the femur.

Cushion zones

The knee joint features two menisci, half-moon-shaped collagen discs in the femorotibial joint. The function of the menisci is to cushion the movements of the knee joint and distribute the load of the joint by acting as an additional shock absorber. They protect and support the articular cartilage. Damage to the meniscus is almost irreversible.



Knee osteoarthritis

Cartilage cells are subjected to both mechanical stress (incorrect or excessive loading) and metabolic stress. These two factors trigger and sustain processes that eventually degrade articular cartilage. This is called osteoarthritis.

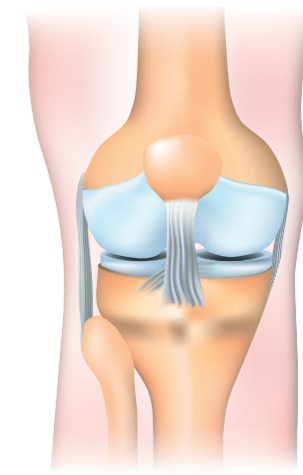
Signs of advanced knee osteoarthritis include loss of cartilage, compensatory bone growth, fluid-filled bone cysts, malposition of the femur, and tibia in relation to each other and chronic pain from a variety of sources in and around the joint.

Pain, especially when chronic, can become a serious problem that restricts quality of life and mobility.

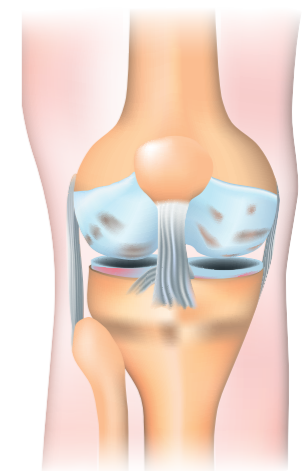
Patients with osteoarthritis often experience limited knee function, mainly due to pain, but also to swelling.

Once cartilage begins to wear and erode, spontaneous healing cannot be expected, and cartilage deterioration often progresses over time.

As the cartilage surface wears away, the adjacent bone reacts. It becomes harder (sclerosis) and bony prominences develop at the edge of the joint, known as osteophytes.



Healthy joint



Osteoarthritis

Symptoms of knee osteoarthritis

The first symptom of osteoarthritis of the knee is pain (gonalgia). This mechanical pain appears or worsens when the joint is used and is relieved by rest.

In the morning, the joint appears stiff. There are inflammatory flare-ups, during which the knee swells and pain intensifies, even at night. These flare-ups correspond to irritation in the joint. The course of femorotibial osteoarthritis varies from case to case.

However, it is often slow, with periods of calm. Pain appears on the front of the knee. It is triggered by extension of the leg. It is more pronounced when descending stairs than when climbing them. It is also present when the person is sitting for long periods. Walking on flat ground causes little pain.

When walking, the person may feel :

- Locking or catching of the patella
- Buckling of the knee
- Cracking of the knee

The progression of symptoms is often unpredictable, ranging from intermittent to bothersome pain.

Clinical examination of the knee : A clinical examination is conducted by the treating physician, who may seek a specialist advice from an orthopedic surgeon.

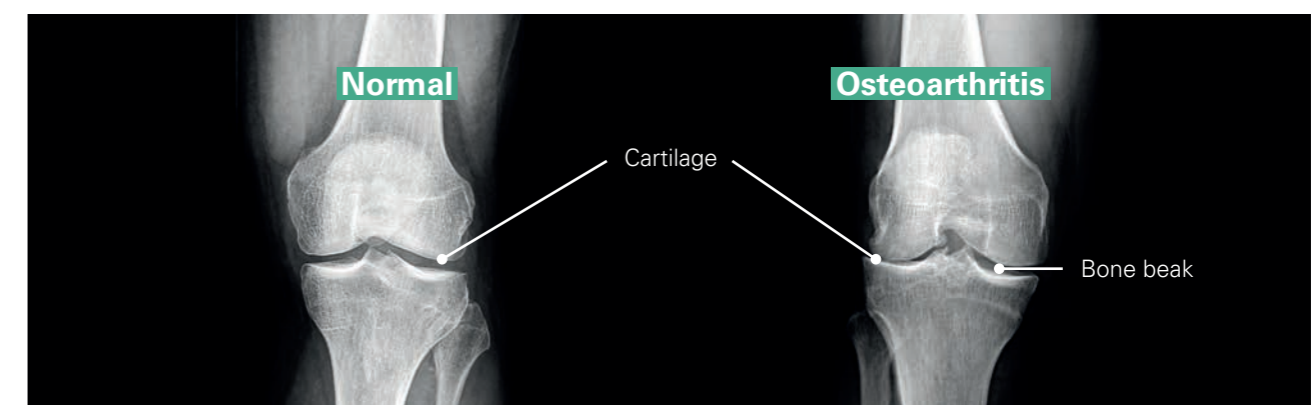
X-rays of the knee confirm the diagnosis of knee osteoarthritis, revealing:

- Reduction in the space between the two bony ends due to cartilage thinning.
- Bone proliferation or bone spurs known as osteophytes.

Onset of knee osteoarthritis

Knee osteoarthritis, also known as gonarthrosis, is a degenerative condition of the knee joints that typically occurs with age. Several factors can contribute to its onset, including :

- Normal wear and tear : The knee joint undergoes natural wear and tear due to daily use, which can lead to the cartilage degradation.
- Aging : Age is a significant risk factor for the development of knee osteoarthritis.
- Trauma : Previous knee injuries such as fractures, sprains, or ligament tears may increase the risk of subsequent osteoarthritis.
- Genetic factors : Genetic predispositions can make certain individuals more susceptible to developing knee osteoarthritis.
- Obesity : Excess weight or obesity puts increased pressure on the joints.
- Lifestyle factors : Insufficient physical activity, repetitive knee-stressing movements, demanding physical work, or high-impact sports activities.



Treatment methods

Initially, the treatment prescribed by the orthopedic surgeon is conservative and consists of analgesic and anti-inflammatory medications, as well as physiotherapy.

In cases of pain, it is recommended to start treatment with :

- Conventional analgesics and anti-inflammatory.
- Hygienic and postural measures for knee osteoarthritis.
- Cryotherapy: local application of cold therapy during periods of pain and inflammation.
- Avoid activities that have an impact on the lower limbs.
- Engage in low-impact physical activities such as swimming or cycling.
- Physiotherapy and rehabilitation for knee osteoarthritis.
- Muscle stimulation and strengthening exercises, particularly focusing on quadriceps and hamstring.

In advanced stages with severe joint deterioration, the indicated treatment is knee replacement surgery. Only this intervention can alleviate pain and mobility issues.

Artificial knee joint

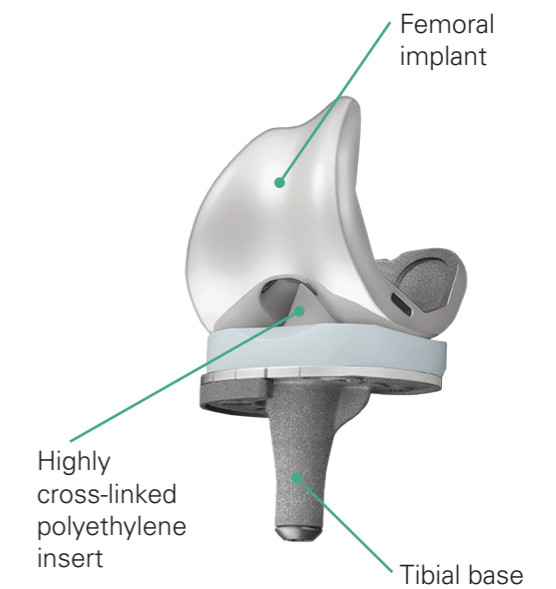
A total knee replacement (TKR) involves the use of implants to replace the worn-out joint.

It consists of a femoral component, a tibial base, and a polyethylene (PE) insert. If the patella is also worn out, it is replaced with a PE implant.

The femoral and tibial implants can be impacted or cemented, and they may also be coated with microbeads.

The choice of implant and technique will be discussed with the surgeon. It is important to note that during the surgery, decisions tailored to the condition of your osteoarthritis and the expected outcome may be made.

This total prosthesis is implanted to substitute the joint and alleviate the effects of osteoarthritis. The ligaments necessary for knee stability are preserved.



Adapting your home

After a total knee replacement, it is important to adjust your home to facilitate your recovery and ensure your safety. Here are some tips following such a procedure :

Clear pathways : Ensure that hallways, stairs, and walking areas are clear of any obstacles. Remove rugs, electrical cords, and other items that may cause tripping hazards.

Use mobility aids : During the recovery period, you may need to use mobility aids such as crutches, a walker, or a cane.

Reorganize objects : Place frequently used items at accessible heights to avoid bending or squatting.

Improve lighting : Make sure all areas of your home are well lit, especially stairs and hallways, to prevent falls during the night.

Install handrails : If you have stairs in your home, consider installing handrails on both sides to assist with going up and down.

Use stable chairs : Place stable chairs with armrests in different rooms of your home to provide you with a place to rest.

Non-slip surfaces and mats : Use non-slip mats in the bathroom and other areas where there is a risk of slipping.

Seek assistance if needed : Don't hesitate to ask for help from a family member, friend, or professional if you need assistance with modifying your home.

Meal preparation : Consider preparing meals in advance, freezing them, and easily reheating them upon your return. This will make cooking easier for you.

Hospital stay



The entire medical team will come to see you to inform you about the progress of your stay.

In some cases, if you are on the morning of the surgery, you will receive a form to fill out, sign and return. You will also have the opportunity to ask any questions that you deem important to reduce the stress often present once hospitalized.

Preoperative preparation : Before hospitalization, you may also be asked to follow specific instructions, such as stopping certain medications (anticoagulants) before the operation and performing a preoperative hygiene protocol at home on the day before the surgery.

Hospital admission : On the day of the surgery, you should arrive at the indicated time, wearing hospital attire, and complete the necessary administrative formalities.

Anesthesia : Most total knee replacements are performed under general anesthesia, but in some cases, regional anesthesia or a combination of different techniques may be used.

The surgery

Surgical procedure : The surgery may last approximately 1 to 2 hours, depending on the complexity of your case. During the operation, you will be under anesthesia and will not feel any pain.

Recovery and postoperative monitoring : After the surgery, you will be in a recovery room and monitored by a medical team. Pain medication and other treatments may be given to you.

Rehabilitation and mobilization : As soon as your condition is stable, you will be transferred to your hospital room. Physiotherapists will assist you in starting rehabilitation from the first day following the surgery. You will be encouraged to walk with the aid of crutches or a walker.

Postoperative care : Your hospital stay may vary, but it is usually a few days. During this time, you will receive care, medications, rehabilitation sessions, and guidance on exercises to perform at home.

Follow-up planning : Before you leave the hospital, your medical team will provide you with instructions on care, medication management, follow-up appointments, and precautions to take during the recovery period at home.

It is important to note that each patient and each surgery may vary.



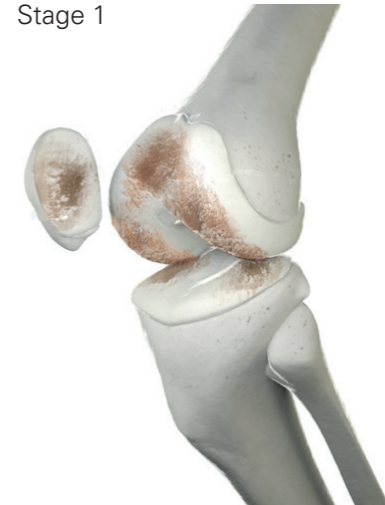
The surgery lasts 1 to 2 hours. Once the anesthesia takes effect, your surgeon and the medical team prepare the surgical area by cleaning and sterilizing the skin around the knee.

The knee replacement surgery consists of 4 stages.

Stage 1 :

The surgeon will make an incision on the front or side of the knee to access the knee joint.

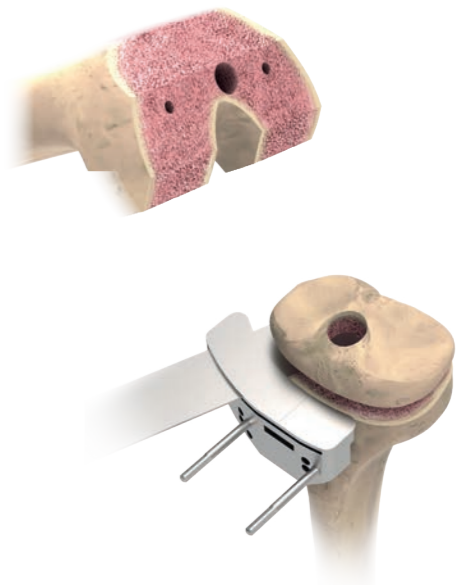
Stage 1



Stage 2 :

Your surgeon will remove the damaged parts of the cartilage from the femur and tibia, as well as the osteophytes, to prepare the bone surfaces for the prosthesis.

Stage 2



Risks and complications

Stage 3 :

Removal of the trial prosthesis, which was used to validate the size of the implant and the correct positioning. The stability of the implants is essential for the subsequent steps. Placement of the final implant.

Implantation of the prosthesis : The components of the prosthesis, including a metal piece for the femur, a metal piece for the tibia, a plastic piece for the tibia, and a plastic piece for the patella, are fixed to the bones. These metal components are either fixed to the bone through osseointegration or with the help of cement, while the plastic patella is cemented.

The prosthesis components are carefully positioned to ensure proper alignment and fit.

Stage 4 :

Your surgeon will close the incision using sutures or staples, and a dressing will be applied to the wound. A postoperative X-Ray examination will be performed in the recovery room after the operation.

Stage 3



Stage 4



Total knee replacement surgery carries certain risks and possible complications. However, the majority of total knee replacement surgeries are performed without major complications.

During your appointments, your surgeon should inform you about general and specific risks and obtain your consent. Here are some of the most common risks :

Deep Vein Thrombosis (DVT) : DVT is the formation of a blood clot, usually in a leg vein. If a clot moves to the lungs, it can cause a potentially life-threatening condition called pulmonary embolism. Preventive measures, such as anticoagulant medications and compression stockings, are often used to reduce the risk of DVT.

Infection : An infection may develop in the surgical area. This may require antibiotic treatment or, in severe cases, surgical intervention to clean the infection.

Hemorrhage : Excessive bleeding can occur during or after surgery.

Nerve injury : Although rare, there is a risk of nerve damage that leads to loss of sensation or other neurological disorders.

Joint stiffness or instability : Joint stiffness or instability may occur after knee replacement surgery, requiring additional rehabilitation or corrective surgical intervention.

Allergic reaction or anesthesia-related complications : Some individuals may have allergic reactions to medications used during surgery or to prosthetic materials. Anesthesia-related complications can also occur.

Persistent pain or dissatisfaction : In some cases, knee pain may persist despite surgery.

After you leave the clinic, the onset of painful, inflammatory, or other symptoms should be promptly reported to your surgeon.

Postoperative care

Generally, postoperative rehabilitation following total knee replacement begins the day after the surgery. You will be supervised by a physiotherapist who will guide you in performing daily exercises. These exercises will help restore your mobility quickly and gradually reintegrate weight-loading on your knee.

This gradual return of weight-loading on the operated leg over the next 4 to 6 weeks will promote faster healing.

For a few days, you will receive analgesic medications and injections or oral anticoagulants until you are able to fully bear weight on the operated leg.

Approximately one week after the surgery, you will be able to return home. Sutures can be removed around two weeks after the surgery.

It is important to note that these steps may vary. Always follow the advice of your orthopedic surgeon and physiotherapist to ensure optimal recovery.

Adhering to the following measures is essential to preserve the healing process after total knee replacement :

- Avoid lifting heavy objects! Use a backpack, especially if you still require crutches.
- Avoid standing for prolonged periods and frequently climbing stairs, as it can increase the load on your knee.
- Be cautious not to overuse your knee, as it may lead to swelling.
- Do not cross your legs while sitting, as this can create unnecessary stress on the knee joint.
- Avoid kneeling, squatting or engaging in risky situations such as climbing a ladder, etc.
- Opt for good shoes that provide protection against excessive loads on the knee joint and give you additional stability.

Follow-up



It is essential to maintain regular visits to a specialist doctor to monitor the progress of your recovery.

It is recommended to discuss the exact procedure to follow with your doctor. If you experience any issues or persistent symptoms between or after check-ups, it is important to consult your doctor immediately.

It is normal to experience limitations for about a year after the surgery, such as swelling or pain when climbing stairs. However, it is important to note that improvement continues.

For a period of approximately 1 to 2 months after the surgery, the use of crutches will be necessary. You will also need assistance from someone to perform household chores or go grocery shopping as long as you require crutches.

If you live alone, you may consider receiving home assistance offered by social services. During your hospital stay, you will receive all the necessary information regarding the different available support options.

Patient passport

You will receive a patient passport when you leave the hospital.

Please always keep it with you in case of complications or joint injuries outside of your usual environment (for example, while on vacation or during airport security checks, etc.).



Sport

It is generally recommended to participate in sports activities, as they improve quality of life socially and physically, while preventing certain diseases.

After knee replacement surgery, it is desirable to have good mobility and regain muscle strength. Strong muscles in the thigh and leg effectively stabilize the knee joint.

It is important to gradually increase the intensity of physical activity and take any pain or swelling seriously, as they can be warning signs. In general, lack of movement has a negative impact on the prosthesis.

You may have engaged in a sport prior to the surgery. Your doctor will be able to advise if you can continue with it even with a prosthesis. However, it is best to avoid sports that excessively stress the joints or have a high risk of injury, such as football, combat sports, alpine skiing, etc.

Your safety should be the top priority! Joint injuries and fractures can have serious consequences for individuals with a prosthesis. It is advisable to adopt a slower pace and gentler movements. This will allow you to continue participating in sports such as Nordic walking, gymnastics, bowling, golf, cycling, etc., as well as team sports, but with certain restrictions. If in doubt, do not hesitate to consult your specialist or the clinic where you had the surgery !

Always remember that the absence of pain can quickly lead to fatigue due to overloading activities.



Tips and tricks to make your life easier

During the first six to eight weeks after surgery, it is essential to take care of the new joint as the muscles have become weakened. It is now necessary to rebuild and strengthen them in order to restore stability and protect your knee from unwanted movements.

The following pages are filled with practical advice to adopt good habits in your daily life. Your goal is to regain your freedom of movement as quickly as possible, and for that, your active participation is essential.

If you lack confidence in certain situations or need further explanations, do not hesitate to consult your care physician or physiotherapist.

Make sure to wear good, easy-to-put-on, and comfortable shoes to avoid tripping.

How to properly use crutches:

- Stand up and place both crutches slightly forward and next to your feet.
- Keep your hips as straight as possible. By slightly bending your elbows, you can stand upright.
- When walking, firmly lean on the handles of the crutches.
- **Important** : Support your weight with your hands, not your forearms!
- Always engage the operated knee as you learned in the hospital but walk as normally as possible. This means each step should be of the same length, even if the steps are shorter than in normal walking.
- If you have been given permission to walk with a single crutch, use it on the unaffected side.



Going up and down stairs:

Important : It is strongly advised not to attempt going up and down stairs on your own for the first time. Generally, it is best to receive proper instructions at the hospital.

Going up

- Place your non-operated leg on the first step.
- Distribute your weight on the non-operated leg and your hands to lift the operated leg and place it on the same step.
- Repeat this process for each step.
- If the staircase has a handrail, you can hold both crutches in one hand and hold onto the handrail with the other hand. The movement remains the same, but the handrail replaces one of the crutches.



Going down

- Place both crutches on the first step.
- Next, place the operated leg on the step, making sure to put as much weight as possible on the crutches.
- Then, place the non-operated leg on the same step.
- If the staircase has a handrail, hold both crutches in one hand and hold onto the handrail with the other hand. The movement remains the same, but the handrail replaces one of the crutches.



Using the toilet

- It is recommended to raise the toilet seat in the days and weeks following the operation.
- Keep the crutches in your hands. Otherwise, place both crutches on the non-operated side. Grab onto a securely fixed object near the toilet (e.g., handle, armrest, etc.) if available.
- Slowly sit down while keeping the operated leg slightly extended forward.
- To stand up, use the securely fixed object or the crutches for support. The operated leg remains slightly extended forward, following the same method as standing up from a chair.



Sitting properly

- It is recommended to avoid, especially in the beginning, sitting on low chairs.
- Prefer high and stable chairs with armrests. If needed, you can increase the seat height by using a wedge cushion.
- When sitting down, approach the chair by sliding backward until you feel the edge.
- Lean on the crutches to sit down and slightly extend the operated leg forward.
- Lean on the crutches to sit down and slightly extend the operated leg forward.
- To stand up, start by sliding forward. Using the crutches for support, rise up by leaning on the non-operated leg. The operated leg remains slightly extended forward.



Taking a shower

- To maintain your balance, use a non-slip mat and the crutches.
- Before entering the shower, ensure the water temperature is adjusted.
- Place the non-operated leg in the shower. The crutches remain outside but within reach.
- If possible, install a stool in the shower to feel more secure while sitting.
- Use a brush with a long handle to avoid leaning forward.
- When stepping out of the shower, place the operated leg first.
- Ensure that the rubber tips of the crutches are dry, and the floor is not wet. This reduces the risk of slipping.



Taking a bath

It is not recommended to take a bath within the first six weeks following the surgery. However, if you don't have a shower, here are some tips for getting in and out of the bathtub.

- Use the crutches to move to the bathtub.
- Before entering the bathtub, ensure the water temperature is adjusted.
- Sit on the edge of the bathtub or on a higher chair (not illustrated) placed against the bathtub.
- First, swing the operated leg over the edge, followed by the non-operated leg, using your hands to support under the thigh.
- To exit the bathtub, carefully lift your legs over the edge.



Getting into bed

- Sit down by the bedside, moving backward onto the bed.
- Slide your body backward and start by placing the non-operated leg on the bed.
- Follow with the operated leg, using the non-operated leg for support if you don't have enough strength yet, or use your hands under the thigh to assist.
- Now, you can lie down on your back.
- **Important** : Make regular movements with your pelvis and legs.
- Keep your legs slightly apart.



Getting out of bed

- To get out of bed, start with the operated leg. You can use your hands or the non-operated leg to assist in the movement. Extend the leg slightly forward and leave the bed, lifting the non-operated leg off the bed.

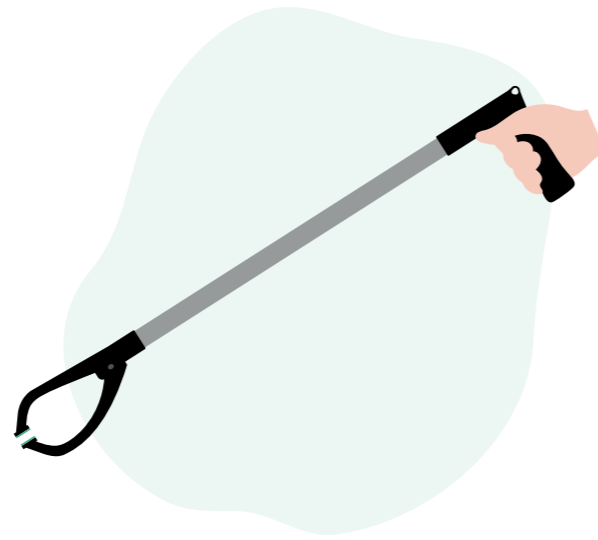
Sleeping

- It is preferable to sleep on your back.
- If you prefer to sleep on your side, you can place a pillow between your knee and foot to prevent your leg from moving during sleep.



Getting dressed

- Opt for comfortable and loose-fitting clothing.
- In the early stages, you may need the assistance of another person or a medical device. If you are using a dressing stick, grasp the waistband of your pants or dress with the hook and pull your garment up over the operated leg until it is above the knee.
- Support yourself on the non-operated leg with the help of a crutch, and then fully put on the clothing.



Undressing

- When removing your cloths, start with the non-operated leg.

Socks and stockings

- To put on socks, start by placing the socks on a sock aid. The heel and toe of the sock should touch.
- Hold onto the side straps, insert your foot into the sock, and use the sock aid to pull it up.
- Lift your foot to put the sock on the non-operated side. **It's important not to bend over!**
- To remove the sock, use the sock aid or a crutch to hook it at the back, near the heel, and pull the sock off your foot.



Shoes

- Choose sturdy and easy-to-put-on shoes. Make sure not to bend forward when putting them on.
- Opt for shoes with soft soles. Leather soles are not suitable as they are rigid and do not provide cushioning.
- Use medical aids such as an extra-long shoehorn to facilitate putting on shoes.



The kitchen

- It is beneficial to use an apron with multiple pockets.
- Transport hot liquids in containers with lids.
- Slide objects on the countertop or work surface instead of carrying them.
- When moving, turn with small steps rather than pivoting your body.
- Use a telescopic reacher to pick up objects.
- Avoid bending down to reach something in a drawer or oven.
- Keep your operated knee slightly extended forward.
- If possible, sit on a chair positioned to allow slight extension of the operated leg with enough space.
- A rolling cart is convenient for transporting dishes, saving you from long trips and multiple back-and-forth movements.



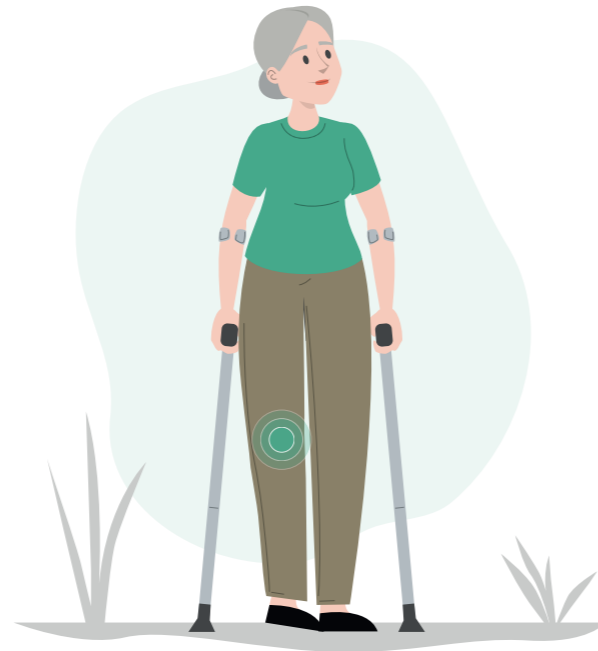
In the car

- Do not drive until your doctor authorizes it and when you no longer need crutches.
- When entering the car, sit down by backing into the seat.
- Slowly and carefully lift your legs to place them inside the car. Support the operated leg by placing your hands under the thigh or using the non-operated leg.
- **Important :** Make regular movements with your hips and legs. Keep your body as upright as possible.



Go for walks

- Try to start walking as soon as possible and do it regularly on specially designed paths. In the beginning, a 5 to 10-minute walk is sufficient.
- Gradually increase the distance you cover.
- **Important :** Avoid rough and slippery paths. Always make sure to wear appropriate footwear.



Exercises

Your physiotherapist will provide you with exercises that improve mobility or speed up recovery, either at the hospital or later at home.

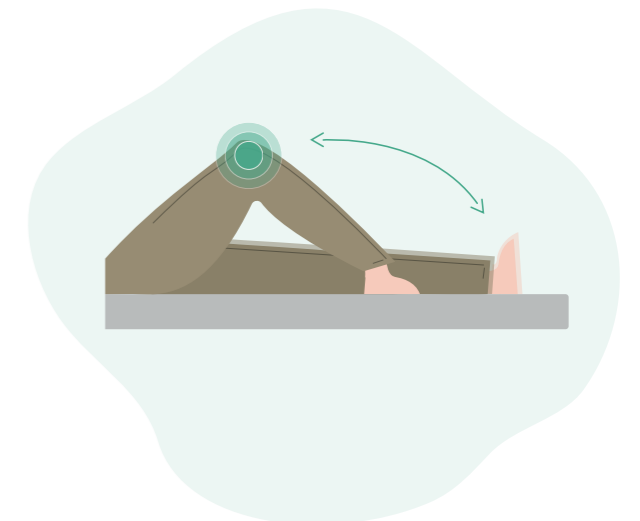
One possible exercise

- If you don't feel pain, exercise your knee as much as possible. Stop bending the knee before the onset of pain.
- Sit on a chair and place a cloth on a smooth floor. Then push the cloth forward and backward, and vice versa.



Another possible exercise

- If you don't feel pain, exercise your knee as much as possible. Stop bending the knee before the onset of pain.
- Lie down on the bed and slightly bend your knee. Extend and flex your knee to sweep the mattress. "Sweep" back and forth.
- If you have an exercise bike and can bend the knee sufficiently, pedal every day with low resistance to sufficiently move the knee joint.



Frequently asked questions

The following pages are filled with answers to frequently asked questions by patients. You may find the answers to one or more of your own questions there.

- ***How long does the surgical procedure take ?***

Nowadays, knee replacement surgery is a routine operation that typically takes about 1 hour.

- ***How long should I stay in the hospital ?***

The duration of your hospital stay primarily depends on your overall health condition. In general, approximately 1 week. Your doctor can provide more specific information on this matter.

- ***How long will I be unable to work ?***

After your discharge from the hospital, you may require a period of rehabilitation. Then, you'll need to wait for about 4 to 6 weeks during which you'll undergo physiotherapy sessions. The timing of your return to work will depend on the requirements of your job. If you mainly perform sedentary tasks and have short commutes, you may be able to return to work sooner than if you have physically demanding work.

- ***When will I be able to walk without crutches ?***

Typically, you'll be encouraged to get out of bed on the first or second day after the operation. By the third day, you'll learn to walk with crutches or other assistive devices. This will help avoid improper weight distribution on the operated knee joint and provide you with a greater sense of security. Most patients can walk without crutches approximately six weeks after the surgery.

- ***What is the lifespan of the implant ?***

The lifespan of your prosthesis depends on several factors, such as your level of physical activity, the quality of your bones, your lifestyle, and particularly your weight. According to national implant registries and studies conducted, over 90% of patients did not require revision (replacement of the artificial joint or specific components) twenty years after knee replacement surgery. For patients with a unicompartmental knee replacement, this figure is slightly lower at around 70%.

- ***I have allergies and sometimes react to metals. Is this a problem ?***

It is important to inform your doctor about any metals you are allergic to and that trigger a reaction in you. If you have an allergy passport, be sure to provide it to your doctor. In general, the materials used for implants and coatings rarely cause allergies. It is rarely necessary to take special measures.

- ***I feel very well after the operation. Do I still need to attend follow-up appointments ?***

It is essential that you attend follow-up appointments even if you no longer experience pain. These appointments allow your specialist to monitor your recovery progress and detect any potential complications at an early stage. Several follow-up appointments will be scheduled during the first year after the operation, and then at regular intervals of one year. Your doctor will determine the ideal frequency of appointments thereafter.

- ***I have severe pain, but I have been advised to wait before getting a prosthesis. Is that true ?***

The decision to undergo a joint replacement ultimately depends on the patient. It is important to have an open discussion about this possibility with your specialist. Several factors should be taken into consideration in your decision-making :

- During examinations and X-rays, your specialist has observed advanced knee arthritis.
- The pain significantly limits your quality of life and makes it difficult to perform daily activities.
- Your ability to walk and mobility are significantly reduced.
- Alternative treatment methods (such as physiotherapy) have not been effective.
- You rely on regular medication, but it is no longer sufficient even with increased doses.

If these factors apply to your situation, you should consider surgery regardless of your age. If these conditions do not apply to your case, it is advisable to delay the operation and explore other non-surgical treatment methods.

- ***What are the risks associated with joint replacement surgery ?***

In Europe, approximately 550,000 hip replacements and 230,000 knee replacements are performed each year. Nowadays, this surgery has become common. However, it is never possible to completely eliminate risks such as hematomas, drug allergies, phlebitis, embolisms, or infections. Preventive measures such as medication administration, physiotherapy, etc., greatly reduce these risks. Your doctor will be able to provide you with detailed information on this topic.

- ***Will I need blood transfusions during or immediately after the operation ?***

Blood transfusions are only used when the patient loses a significant amount of blood during the operation. Through rigorous controls, the risk of infection from the transmission of pathogens during blood transfusions is very low.

- ***How should I proceed if I want to make an autologous blood donation ?***

Most clinics have the capability to collect the patient's blood through drains during the operation, «clean» it in a special machine, and then reinfuse it back to the patient. Therefore, autologous blood donations are no longer practiced.

- ***When can I drive again ?***

You should only resume driving when you feel capable of doing so. It is your responsibility! It is recommended to consult your specialist before resuming driving. Most patients can drive after six weeks, but this can vary for each individual. Never forget not to drive under the influence of sedatives!

- ***When can I resume sexual activity ?***

During the first six to twelve weeks after the operation, it is advised to avoid excessive knee flexion to prevent any irritation or stress on the joint. Apart from that, there are no contraindications to sexual intercourse. If you have further questions on the subject, your doctor will be able to address them.



Epilogue

In addition to medical care, you are responsible for the health of your knee prosthesis and play a fundamental role in the success of your treatment. Your collaboration is of utmost importance. We hope that this guide has provided you with essential information.

You can find additional interesting and helpful information on the website www.ch.unitedorthopedic.com.

If you have any further questions, please consult your treating physician.



Medical follow-up appointments

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Each Step We Care



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The Knee System implants are Class III medical devices manufactured by United Orthopedic Taiwan, under CE marking number CE 2797 (BSI Netherlands). They are indicated for primary and revision knee arthroplasties. Please carefully read the instructions provided in the brochure. These devices are reimbursed by health insurance organizations under certain conditions, please consult the terms of your insurance.

