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TOTAL KNEE REPLACEMENT

Arrangements have been made for your admission to the hospital and for your surgery. This document is explaining the nature of the operation you will undergo, as well as the expected benefits and possible risks. This is to help you better understand your surgery and to allow you to consider and discuss it with your family if you so desire.

A person with advanced arthritis of the knee joint resulting in severe pain is a candidate for an artificial knee. It is designed to replace a severely damaged or arthritic knee joint and to allow you to perform your daily activities more easily and without pain. It is an individual quality of life decision and the desire for pain relief. When non-surgical alternatives cannot bring a suitable level of relief, total joint replacement is a reliable alternative.

The operation we have discussed is called *total knee replacement*. The operation involves removal of the entire diseased joint, and the implantation of an artificial knee composed of alloy metals and a special plastic called ultra-high density polyethylene. These pieces resurface the three bones that comprise the knee joint (the femur, tibia and patella). The knee prosthesis may be cemented into the bone or mechanically fitted after the bone has been appropriately prepared. The cement serves as a grout and is not an adhesive. Prostheses inserted without cement, generally have a porous area for bony in-growth or are coated with the mineral hydroxyapatite, similar to the mineral actually present in your bones. We know that all three types of fixation work very well. No method is clearly preferable for all patients and no method has been proven to last longer than others. Only time will tell the ultimate life of the prosthesis, but it is conceivable that you could require another operation in the future if you actually wear out the new joint or the fixation comes loose.

The results of knee replacement have been very good in the majority of patients. The operation is generally successful in relieving pain from knee disease, and usually results in increased motion when the knee is stiff. Most patients have sufficient motion after surgery to perform their routine daily activities without difficulty. You may expect to walk a reasonable distance and climb stairs without significant discomfort.

You should understand that the motion is not as complete as that of a normal knee, and that after the operation we strongly advise to refrain from high speed or dangerous activities that could result in dislocation or damage to the joint. It should be emphasized that total knee replacements are not done to allow patients to return to unlimited activities, especially running, pivoting and impact activities.

In making an informed decision about your surgery, you should know the possible complications that could adversely affect the result. The complications discussed include, but

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are not limited to, all that may occur. Some of the more common complications are: 1) Anesthesia. Although rare, anesthesia complications can be serious or even fatal. Please discuss any questions you may have regarding possible anesthetic complications with your anesthesiologist prior to the surgery. If you have any allergies to medicine, or are currently taking any medication, be sure your surgeon and anesthesiologist know this. 2) Infection. This is possible in any surgical procedure. The infection rates are low and every effort is made to minimize the possibility of an infection. A serious infection could require additional surgery, including removal of the prosthesis. 3) Excessive bleeding or swelling in the joint. This may occur to the point where removal of the fluid by needle and syringe or additional surgery may be needed. 4) Excessive blood loss. This may require blood transfusions and the risks associated with transfusions including infection, disease transmission and adverse reactions. 5) Blood clots. This can occur in anyone having surgery to the lower extremities. If the clot travels to the lungs or brain they can be serious or even fatal. You will receive appropriate measures to reduce this complication, including mechanical devices and medications. Even if you are the rare person who does develop a clot, most patients can be successfully treated with medication. 6) Damage or irritation to tissues, nerves, arteries and/or veins. In rare instances, a major vascular problem in the leg can occur during or after surgery. Should this happen, we would obtain consultation with a vascular surgeon. 7) Dislocation or subluxation of the knee cap is another potential problem that occurs infrequently but may require more surgery. 8) Fractures may also occur as a direct result of implantation of the prosthesis or later in the form of a stress fracture or a fall. 9) Insufficient pain relief 10) Post-operative joint stiffness. The consequences of post-operative vascular impairment or persistent infection are severe, even including amputation, but fortunately such problems are quite rare. Although most patients can anticipate a satisfactory result, we would like for you to be informed of these potential risks and complications.

To minimize the risk of infection of joint replacements, our office recommends antibiotic prophylactics before dental, urologic and/or gastrointestinal procedures. Please contact the office one week prior to further procedures to discuss appropriate antibiotic prophylaxis. If you have any concerns about these and other complications, please discuss it with your surgeon prior to surgery or after should complications develop.

Please feel free to discuss this with your family or advisors, and do not hesitate to contact my office if you have any questions.

In order for us to be certain you have received this information, and that you understand it, please sign one copy of this letter and return it to my office in the attached envelope.

Patient's Signature _____ Date _____

Print name _____ Date of Birth _____