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Knee Replacement Risks & Complications

Any surgical procedure performed under a general anaesthetic involves some potential risks, but there are also specific complications associated with a knee replacement.

GENERAL RISKS AND COMPLICATIONS:

1. NAUSEA AND VOMITING
Knee replacements are performed either under a general anaesthetic or spinal anaesthetic with sedation. The anaesthetic drugs can make you feel nauseous, but we do our best to control this with anti-sickness medication.

2. PARALYTIC ILEUS
Surgery is the most common cause of paralytic ileus which is when the muscle contractions that move food through your intestines are temporarily paralysed. This is typically a temporary problem but can make you feel bloated and uncomfortable and may require treatment.

3. CONSTIPATION
Constipation is a common side-effect of surgery which can be caused by the anaesthesia used or pain medication you are prescribed. You will be given laxatives to try and avoid this complication.

4. CARDIAC COMPLICATIONS
Cardiac events after a joint replacement are rare but can include heart attack, cardiac arrest, or an irregular heartbeat. We will check your cardiac history at your surgical pre-assessment to help minimise this.

5. STROKE
A stroke is a very rare complication that can occur with any surgical procedure.

6. CHEST INFECTION
One of the most common complications after a joint replacement is a chest infection. After surgery, phlegm can build up in the lungs making it easier for a chest infection to develop. Breathing deeply or normally can keep the lungs expanded and prevent a chest infection. If one does occur, it may require treatment with physiotherapy and antibiotics.

7. URINARY RETENTION
Being unable to pass urine after surgery affects many patients and it is particularly common in older people having hip or knee replacement surgery. We will discuss with you in advance of your operation whether it is advisable to fit a urinary catheter.

8. URINARY INFECTION
Whether or not you have a urinary catheter fitted in advance of your procedure, there is a risk of infection that will require treatment with antibiotics.

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RISKS SPECIFIC TO KNEE REPLACEMENT:

1. FATALITY
There is a very small risk of serious, life-threatening complications, due to a cardiac event, stroke, or a blood clot on the lung, known as a pulmonary embolism. The latest data suggests the overall risk is about 1 in 300.

2. BLEEDING
There is always some bleeding when you replace a hip or knee joint. Nowadays, it is rare for patients to require a blood transfusion, but you will be asked to consent to one in case of excessive bleeding.

3. INFECTION
Infection is rare and occurs in less than 1% of patients. We aim to minimise infection as much as possible, as this is a very serious complication if infection gets into your new joint. We may have to remove the new prosthesis and treat you with a lengthy course of intravenous antibiotics before redoing the procedure. This is major surgery, and the outcome will not be as good as it would have been if infection had not occurred.

4. BLOOD CLOTS
Deep vein thrombosis (DVT) is a clot in the veins in the leg and this can occur after lower limb surgery. These are usually manageable but can cause a pulmonary embolism (PE) which is a blood clot on the lung. This can be life-threatening.

The risk of a DVT is approximately 5% and it will often have no symptoms. The risk of a PE is about 0.5% and presents with breathlessness and breathing difficulties. We will take preventative measures such as surgical compression garments, special pumps on the lower legs to stimulate blood flow or blood-thinning medication for a few weeks.

5. NERVE INJURY
The nerves supplying your leg are located near the knee joint so can be bruised or stretched during surgery. If this happens you may experience a change in sensation and weakness in your leg, usually your ankle and foot. Although this is usually temporary, in extremely rare cases it can lead to permanent weakness known as foot drop. The risk of a serious nerve injury is about 1 in 300.

6. BLOOD VESSEL DAMAGE
The main blood vessels supplying your leg are also very close to the back of your knee. Although damage to these blood vessels is very rare, it is a serious complication which can result in excessive bleeding and an interruption of the blood supply to the leg. This will require emergency repair of the blood vessels.

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7. FRACTURE
Fracture of the bones happens very rarely during a hip or knee replacement. This will usually be identified and managed within the operation, but will make the procedure more challenging and may require different post-operative rehabilitation. Occasionally, a fracture is seen on an X-ray after the operation, and this may require further surgery.

8. SCARRING
You will have a scar down the front of your knee and numbness of the skin around the incisions. Occasionally the scar or surrounding skin will remain sensitive, and many people never find it comfortable to kneel after a knee replacement.

9. STIFFNESS
Stiffness after knee replacement is rare but can be very troublesome. We advise you to work closely with your physiotherapist in the early post-operative period to restore range of movement. Occasionally, in less than 1% of patients, manipulation under anaesthetic to treat any residual stiffness is required.

10. PERSISTENT PAIN
A knee replacement is typically a very satisfactory procedure, but not everyone is happy with their new knee. It can remain painful and stiff and might not feel like a 'normal' knee. The evidence suggests 10% of patients are disappointed with their new knee to some degree and 5% of people feel the knee is worse than before surgery.

11. LONG-TERM FAILURE
The most recent data suggests eight out of ten total knee replacements will still be in place after 25 years before requiring possible revision.