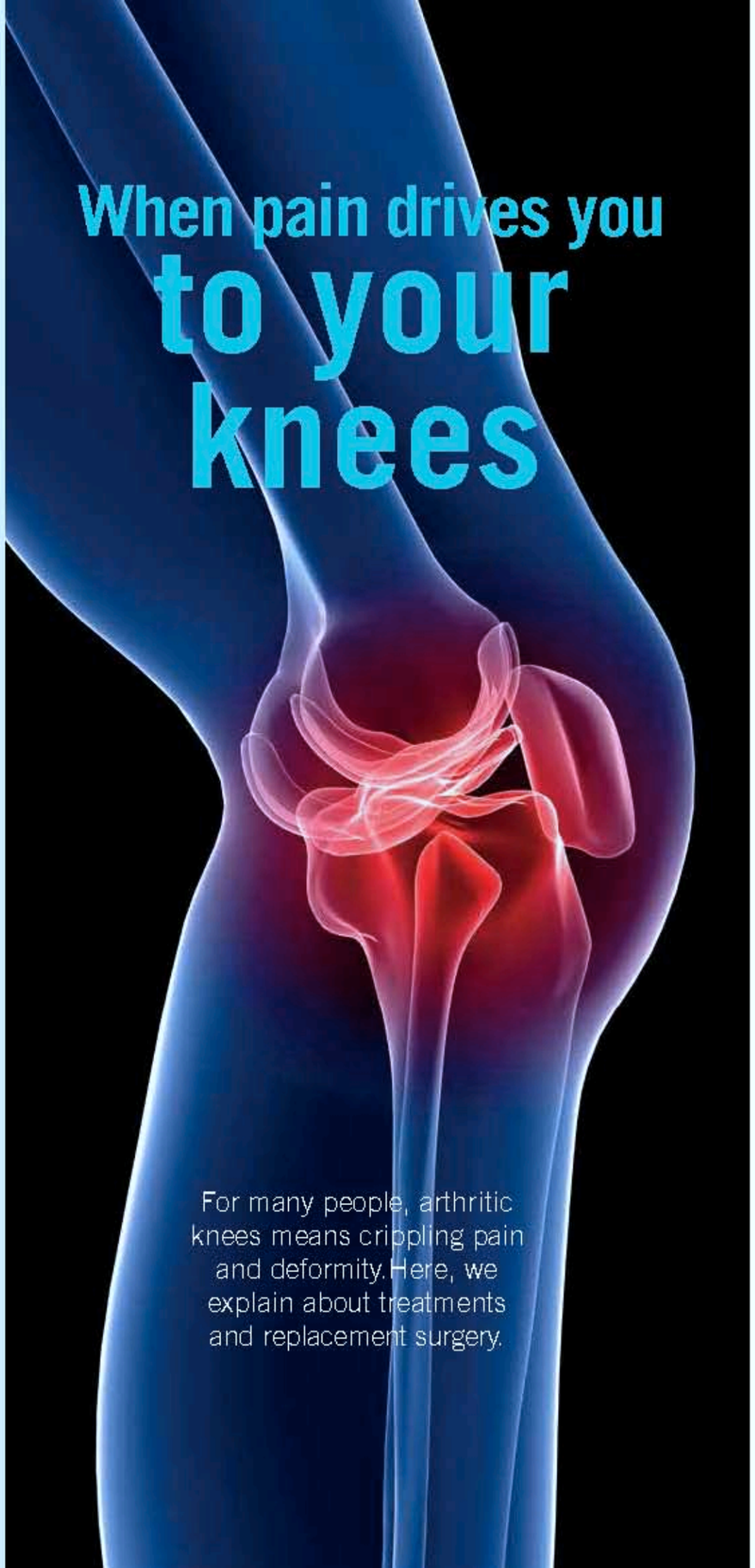
Consultant Profile

Name: Mr Abdel Hassan
Bsc(Lon), MB(Hons), FRCS Orth
Consultant Orthopaedic Surgeon
Specialties: Specialist knee surgeon
Hospitals: BMI The Runnymede Hospital & BMI The Princess Margaret Hospital

There is a developing interest in bespoke or custom knee replacements designed to match the patients detailed anatomy, rather than 'off the shelf design' of implants. All knee replacements are designed and tested to industry standards and their behaviour is monitored on a National Joint Registry.

Custom knee replacements are by definition a 'one off' and therefore may not always be an ideal design for an artificial joint replacement.

In general new technology in total knee replacement appears to give more predictable results with patients reporting faster recovery times and greater satisfaction with their replacement knees. In all cases a consultation with your surgeon will determine the best route forward for your particular case.



When pain drives you to your knees

For many people, arthritic knees means crippling pain and deformity. Here, we explain about treatments and replacement surgery.

If you need a knee replacement, you're in very good company. More than 70,000 knee joint replacements are performed every year in England and Wales. Most will be for the same reason: arthritis, where the specialist cartilage that usually coats the bony surfaces of a healthy joint has been lost.

Very often the problem is osteoarthritis, where the cartilage degenerates and is worn away. However, it can also arise from injury trauma, or inflammatory joint disorders such as rheumatoid arthritis and gout. While a 'normal' knee joint is well lubricated and as slippery as ice, an arthritic knee can lead to pain, stiffness and deformity, with considerable disability.

Treatment: first steps

The first step is to try to avoid surgery, using methods designed to control the symptoms and slow down the progress of the disease. Treatments include medications and injections to reduce pain and inflammation. There are also lifestyle changes that may help: in particular, getting down to a healthy weight will help your knees, and physiotherapy and non-impact exercise can help you maintain a full range of movement, and avoid muscle wasting. If you have problems with the joint locking, swelling or giving way, simple keyhole surgery can help by removing loose and unstable tissue from the joint.

However, if the disease is in an advanced state, these measures will probably have little or no benefit.

Knee joint replacement

If your knee is becoming progressively more stiff or deformed, and if it's disturbing your sleep as well as everyday life, you may want to consider a knee joint replacement.

This involves removing thin slices of bone from the end of the thighbone (femur) and upper shinbone (tibia). When this involves half the knee joint, it is termed a 'partial joint' replacement. The bare bone ends are usually replaced with metal surfaces, secured with special bone cement and with high-density plastic material fixed to the new metal shin surface. (These materials may contain nickel, so it's important to mention it if you have an allergy.) The kneecap or patella can also be resurfaced with a plastic or combined metal-plastic button.

Precision surgery

There have been real strides in knee replacement surgery since the pioneering work of the 1960s and 70s. Advances in implant-design, instrumentation, materials and surgery now mean a predictably high success rate, and technology that was first used to improve implant design is now guiding ever-more precise surgery.

Recent advances in computer software allow scans (CT and MRI) to be used to manufacture 3-D models of a patient's joints to achieve precise surgical positioning of the implant. Improved instrumentation can also lead to less or minimally invasive surgery, less pain and swelling, and shorter rehabilitation.

Before and after surgery

Before you make any decision about a knee replacement, your BMI consultant will discuss the pros and cons with you. All surgery contains a certain element of risk, and it's clearly essential that they are controlled as much as possible, and that the benefits outweigh them.

Before admission, we may carry out a set of tests that include blood tests, swab screening for MRSA and urinary tract infection. It is also important that your home environment is suitable for a comfortable return and rehabilitation after your surgery.

Rehabilitation

This begins straight after the replacement procedure, or the next day. A physiotherapist will guide you on how to get mobile quickly and safely, with aids such as crutches for the first week or two. This is the beginning of what will be a graduated programme that will continue for a few weeks.

Good pain control, deep breaths and hydration are simple but important measures. The limb is elevated at rest and your surgeon may prescribe a knee-bending machine to use for limited periods at rest.

You will probably be able to negotiate stairs by the third day, and be ready to go home. We generally advise you to take 6 weeks off office work (and driving), and up to 12 weeks off more physical or safety-critical work.

A good balanced diet, rich in green vegetables for iron, no smoking and only moderate alcohol will all help your recovery.

And finally: the rewards

A knee joint replacement has the power to transform the lives of patients who have been crippled with pain and deformity from arthritis of the knee.

Following a replacement, we find that up to 90% of patients report a drop in their pain once they've recovered. Typically, you'll experience most pain in the first three to six weeks, but after three months this should have lowered considerably.

Over 95% of knee replacements will also last up to 10 years.

If you are worried about arthritis and your knees, talk to your GP. You can also make appointments directly with BMI Healthcare, and find out more on our website: www.bmihealthcare.com

For further information please call 0800 092 2941