

Overview

PKR is used to treat patients with arthritis. It is similar in all respects to Total Knee Replacement except that it is for use only in patients who are suitable. These tend to be patients with disease localised to one part of the knee. The symptoms and suffering, however, are identical to that in **TKR** cases.

It is important that you understand what is involved and the risks and benefits of surgery before you commit to this operation. Once you have done it, you cannot go back if it fails. Pain relief is usually excellent but function is not as good as your real knee before it was arthritic.

What is involved?

It is imperative that you have tried more simple treatments before you consider this surgery for arthritis. It is a very big operation and there are risks with it. You will have used painkillers and anti inflammatory tablets in various combinations before thinking about surgery. The main reason for operation is unacceptable pain when other treatments have failed.

If we have a chat, and decide to go ahead, you will usually be in hospital overnight, and require physiotherapy in hospital and afterwards. Your knee will be stiff and you will not be able to kneel after the operation. You may never be able to kneel, but if the sensitivity improves, and range of movement increases, you may be able to after 6 to 12 months. In studies, 85% of patients are happy with **TKR**. This implies that 15% are not (to a greater or lesser degree). This is often due to residual stiffness, and/or mild to significant pain (even in the absence of complications).

There are small risks of infection, blood clots, and serious life threatening events after **TKR**. You need to be happy with these risks before you commit. You need to be realistic about your expectations of surgery. You will not be able to play international competitive sport. You will not be able to be, for example, a plumber or a carpet fitter doing heavy kneeling work. You will not be able to kneel back on your haunches to work, pray etc. after a **TKR. EVER**.

Should I have it done then?

I would recommend a chat with myself or your GP about your suitability for a **TKR**. **If you are considering this surgery, I recommend you look at the following “joint decision making aid”. Work your way through it, and then discuss it with me before proceeding.**

JOINT DECISION AID | **WRKS**

NHS

WebMD

If you would like to arrange a consultation or just need an informal chat, please contact me at:

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