

Patient FAQs

Total Knee Replacement



TREE TOP
HOSPITAL

Total knee replacement (also known as total knee arthroplasty) is a surgical procedure that resurfaces the knee joint by replacing damaged bone and cartilage with metal and plastic components. Over 700,000 of these operations are performed annually in the United States, making it one of the most successful procedures in all of medicine.

In the Maldives, thousands of surgeries are performed each year, with Tree Top Hospital proudly contributing to orthopedic excellence through its specialized joint replacement services. To date, the hospital has successfully performed over 1,001 total knee replacement surgeries, offering patients advanced, compassionate care right here at home.

1 What Is Total Knee Replacement?

During the procedure, your surgeon will:

- Remove the damaged cartilage and a small amount of underlying bone from the femur (thigh) and tibia (shinbone).
- Cement or “press-fit” smooth metal implants onto the prepared bone surfaces.
- Insert a polyethylene (plastic) spacer between the metal components to restore a smooth gliding surface.
- In a few cases the underside of the kneecap (patella) is also resurfaced with a plastic “button” in many cases.

2 Why Is It Recommended?

Your surgeon may advise total knee replacement if you experience:

- Severe knee pain or stiffness that limits everyday activities - *walking, climbing stairs, or rising from a chair.*
- Moderate to severe pain even at rest, day or night, depriving of sleep.
- Chronic swelling and inflammation unresponsive to medication or therapy.
- Noticeable knee deformity (bowing in or out).
- Failure of nonsurgical treatments such as weight loss, physical therapy, anti-inflammatory drugs, or injections.

3 How Long Does the Surgery Take?

Most total knee replacements require 1-2 hours from incision to closure. This timeframe can vary based on patient anatomy and any additional procedures needed.



4 What Types of Anesthesia Are Used?

An anesthesia team will tailor your care, commonly using:



Spinal or epidural anesthesia (numbing from the waist down)



General anesthesia (you are fully asleep)



Regional nerve block (targeted pain control to the knee area)

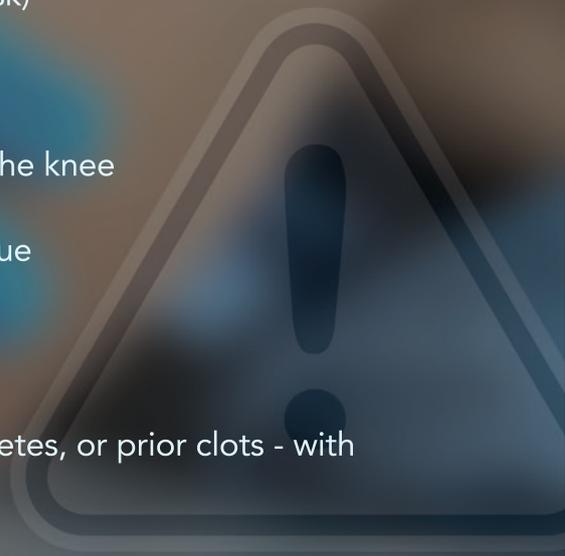
Combining techniques helps minimize postoperative pain and reduce opioid requirements

5 What Are the Risks and Complications?

While generally safe, possible complications include:

- Infection around the prosthesis or in the wound on the knee (<2% incidence)
- Blood clots in the leg veins or lungs (1–1.5% risk)
- Excessive bleeding or hematoma formation
- Injury to bones, nerves, or blood vessels near the knee
- Joint stiffness or weakened knee from scar tissue
- Implant loosening or wear over time

Discuss individual risk factors - such as obesity, diabetes, or prior clots - with your surgeon before the operation.



6 What Is the Recovery Process?



You'll usually begin walking with assistance **within 24 hours of surgery.**



Most patients stay in the hospital 1-2 nights, then continue recovery at home.



A physical therapist guides you through exercises to regain motion and strength.



By 6-8 weeks, many resume low-impact activities (walking, stationary biking); full recovery often takes 3-6 months.

7 Returning to Daily Life



Driving

Typically safe 4-6 weeks post-op, once you can bend your knee comfortably and are off narcotics.



Work

Sedentary jobs may resume in 4-6 weeks; more active occupations could require up to 3 months off.



Exercise

Low-impact activities (swimming, cycling, walking) are encouraged; avoid high-impact sports afterward.

8 Activity Guidelines



Steer clear of;

- Running, jumping, or high-impact sports (basketball, tennis).
- Excessive kneeling or heavy lifting (> 20 kg).
- Sudden twisting movements that stress the knee joint.



Low-impact options;

- Walking and swimming remain safe and beneficial.

9 How Long Will My New Knee Last?

With proper activity modification, **80%** of total knee replacements remain functioning well **20 years after surgery.**

10 When to Contact Your Surgeon

Seek prompt medical attention for:

- Fever above 38.5 °C or chills
- Severe, unrelenting knee pain or swelling
- Redness, warmth, or discharge at incision sites
- Calf pain, swelling, or shortness of breath (possible clot)
- Inability to bear weight or new numbness

38°+C



Quick Reference Table

Topic	Key Points
Indications	Pain limiting activities, deformity, failed therapy
Duration	1-2 hours
Hospital Stay	1-2 nights
Early Mobilization	Within 24 hours
Return to Driving/Work	4-6 weeks (sedentary) Or up to 3 months (active)
Exercise	Low-impact: walking, cycling; avoid high-impact
Implant Longevity	80% at 20 years
Major Complications	Infection, DVT, bleeding, implant issues

Next Steps

- Discuss your medical history, medications, and goals with your surgeon.
- Complete preoperative labs, ECG, and anesthesia evaluation.
- Prepare your home for recovery: remove tripping hazards, set up a resting area, stock easy-to-prepare foods.
- Arrange for transportation and post-discharge support.



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