



Q&A

BILATERAL SIMULTANEOUS KNEE REPLACEMENT

Mr Kucheria and Mr Bourke perform surgery on both your knees together, at the same time – the bilateral simultaneous knee replacement. Below are some questions and answers to provide you with more information.

- **What is a bilateral simultaneous knee replacement and how does it work?**

Bilateral simultaneous knee replacement means two surgeons are operating at the same time, one on each knee. This means that both knees can be replaced inside one hour. The advantage of this is much less anaesthetic time which in theory, is much safer for the patient leading to a faster recovery.

- **Who can get the procedure and who shouldn't?**

The ultimate decision on who is suitable for this procedure lies with the Anaesthetist. We work with two Anaesthetists regularly and patients will have an appointment with the Anaesthetist prior to the operation to assess their general health and to identify potential existing illnesses that may make the operation riskier. These usually include bleeding disorders, prior cardiovascular problems such as previous heart attack and problems with the respiratory system (breathing difficulties). From the surgeon's perspective, we feel the patients need to have an overall fitness level to allow them to get up out of bed after the operation to mobilise with a frame or crutches. This requires a certain amount of upper body strength and muscle power in the legs to get going again. Having this procedure also requires a certain amount of family and/or social support as it can be quite difficult in the first few weeks to get about on the two new knees.

- **How common is this procedure?**

We have performed 30 of these procedures in a three-year period so far, equating to almost one per month. As far as we are aware, there are no other surgeons in the UK offering this procedure in the private sector and the NHS. However, there are surgeons that will offer to do both knees in the same sitting but this is usually one, then the other with a prolonged anaesthetic time. In contrast to the UK, this procedure is quite common in third world countries where resources are limited.

- **What are the alternatives to knee replacement?**

The alternatives to knee replacements are conservative measures such as physiotherapy, gentle regular exercise, painkillers and weight loss. For the younger patient, the main

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surgical options we favour are realignment procedures (osteotomy) or partial knee replacement – which is an option if the arthritis is just affecting one side of the knee and the other side is well preserved.

- **What is the recovery period like for such a procedure?**

The recovery period for bilateral knee replacement is between 6-12 weeks. The majority of this time is spent at home although in the latter few weeks you can get out of the house and do a little a bit of walking, just gently. Unfortunately, you cannot drive a car in the first 6 weeks. We also do not let any of our patients fly in this period due to the increased risk of deep vein thrombosis. Most patients are mobile by 6 weeks, walking independently or just with a single stick. A return to gentle sporting activities such as golf usually is possible by 3 months.

- **What are the risks of this surgery? Are there any specific complications of undergoing simultaneous knee replacement?**

Unfortunately, all surgical procedures have some risks. The most important risks of knee replacement surgery are infection (1%), post-operative stiffness, on-going pain (10-15%) and blood clots (deep vein thrombosis). There are also some uncommon risks such as blood transfusion, nerve or vessel damage, fracture and in time the knee replacement may loosen. Having two replacements done at the same time does increase some of these risks very slightly. The most important of these is the risk of transfusion. As two knees have been operated on the risk of a transfusion does go up. In our series so far, the incidence of transfusion has been 12.5%. This is usually 1-2 units of blood given straight after the operation.

- **How should patients prepare ahead of the surgery?**

Knee replacement is performed for pain and stiffness in the knee. As a result we do not expect patients to be able to do too much prior to the surgery. If possible gently exercise the muscles and joints to keep the strength and flexibility. Research has shown that the more flexible knee prior to the operation, the better the flexibility after the operation. One or two visits to the physiotherapist prior to the surgery is useful, particularly to learn the exercises that will be used after the procedure has been performed. If you don't have a referral to see a physiotherapist please do let us know and we can arrange this. Otherwise good nutrition is important and general health optimisation as guided by the Anaesthetist. Sometimes we as surgeons also offer them the opportunity to speak to other patients who have undergone similar procedures, giving them the chance to talk to them and understand exactly what is involved from a patient's perspective in having the procedure.

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- **How do you find working together on the same patient at the same time?**

It is relatively straightforward performing knee replacement once you have the experience of doing a few hundred. However, operating with somebody next door to you, requiring the same instruments as you at the same time can be a challenge. It helps that we understand each other's surgical techniques and usually we can predict who needs which instrument when. Having a left-hand and right-hand combination of surgeons does help as we do get in each other's way less. We also have the ability to help each other out as some cases can be challenging and we frequently will ask each other's opinions and help each other out during the operation to ensure the surgery is done to the best and highest standard.

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