

## Complications of the operation

Complications are uncommon but may occur. These include infection, blood clots (DVT, PE), damage to nerves and blood vessels and fracture of the bones.

The operation can result in knee stiffness, swelling and muscle weakness. Over or under correction of the alignment can occur and there may be delay or failure of the bone to heal.

The surgery may not help with pain and can cause other pains around the knee.

The metal plate may need to be removed and additional surgery may be required in the future.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format or would like to feedback your experience of the hospital.

Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656/826319.

## Knee osteotomy

### Physiotherapy Patient Information



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# Osteotomy

## What is an osteotomy?

An osteotomy is an operation performed around the knee to help relieve the pain caused by osteoarthritis. The aim of the operation is to move your body weight away from the damaged area in the knee, over to the healthy part of the knee.

The operation involves cutting the tibia (shin bone) or the femur (thigh bone) to realign to joint and redirect the body weight. The bones are held in place by a metal plate and screws.

## What is osteoarthritis?

Osteoarthritis is a condition that affects joints causing pain, swelling and stiffness. The surface within your knee joint becomes damaged so the joint doesn't move smoothly. The condition is sometimes called arthritis, arthrosis, osteoarthrosis, degenerative joint disease or wear and tear.

## Why is an osteotomy needed?

An osteotomy is usually performed for earlier, less severe osteoarthritis seen in younger and more active people. It will help to relieve the pain and may delay the further progression of osteoarthritis. It can allow you to lead a more active lifestyle for many years. In the future if the osteoarthritis progresses you can still have a knee replacement.

## Information about the operation

**The hospital:** Surgery may involve an overnight stay in hospital and several months of rehabilitation to restore full movement, strength and function.

**Anaesthesia:** You will usually have an anaesthetic involving an injection into your back. The anaesthetist will see you on the day of the operation to discuss this in more detail.

**Crutches:** After the operation most patients have crutches for at least two weeks. You might need crutches for longer depending on the pain and the surgery performed.

**Driving:** We recommend that you avoid driving for approximately six weeks after the operation. This may vary if the operation involves your left leg and you have an automatic car.

**Blood clots (deep vein thrombosis and pulmonary embolus):** Blood clots can occasionally develop after surgery. You will be prescribed blood thinning injections for at least 2 weeks after the operation.

**Brace:** A brace is not necessary after the operation.

**Flying:** To reduce the risk of a deep vein thrombosis (blood clots or DVT's) long distance travel (non-stop for 3 hours) should be avoided for three weeks before and after the operation.

**Work:** It is ideal to have at least six weeks off work. This will vary depending on your type of work.

**Physiotherapy:** Most patients have physiotherapy after the operation. This will help with your recovery from the surgery and return to normal function. Physiotherapy will usually be arranged at your local department.