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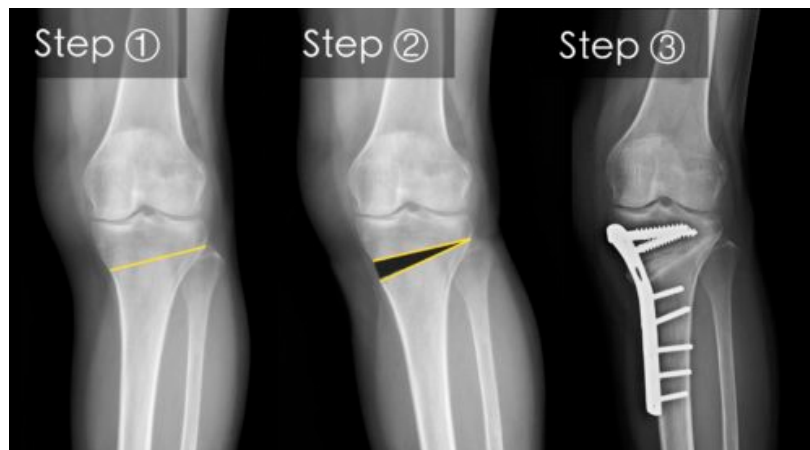
Claremont Murdoch Esperance

## High Tibial Osteotomy

Osteoarthritis of the knee in younger patients can be very difficult to manage. Arthroscopic (key hole) surgery is of no benefit in most cases, and knee replacement is not recommended at a young age due to the restrictions in activity that it imposes and its limited life span.

In some cases, if the arthritis is localised to one side of the knee, it can lead to deformity of the knee, which then overloads the arthritic side of the knee, which in turn accelerates the problem.

HTO is an operation to realign the leg so that body weight is no longer transferred through the arthritic side of the knee, but is transferred to the healthy side. It does not restore the cartilage to normal, but it takes the pressure off the problem area and relieves pain, and delays the need for knee replacement by an average of ten to fifteen years.



### Who benefits from high tibial osteotomy

Younger patients with arthritis localised to one side of the knee.

### Who should not have osteotomy.

Patients with arthritis affecting more than one compartment of the knee or older patients with poorer bone quality. These may be better treated with knee replacement

Patients who smoke, are diabetic, or are significantly overweight. These patients have poorer bone healing and higher risk of complications.



Fellow of the Royal Australasian  
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## What to expect

Average length of hospital stay is 2-3 days. The first 6 weeks will be touch to partial weight bearing on crutches then progress to full weight bearing after 6 weeks. Full healing of the bone takes 3 to 6 months. Maximal recovery of strength and function takes 6-12 months.

Many people require removal of the metal plate and screws at 12 months due to the irritation it can cause.

You should notice a change in the alignment of your leg after the surgery. This is permanent and is intentional.

Once healed after surgery, the weight is transferred off the painful part of the knee and there is a significant reduction in pain and improved function compared to pre-surgery. This is expected to last 10 to 15 years and delay the need for knee replacement for that time.

## Risks of surgery

- Nerve injury to peroneal or other nerves can lead to weakness or numbness in leg (<1%)
- Injury to blood vessels behind knee (<1%)
- Delayed union (bone healing) requiring further intervention or surgery (5%)
- Infection (2 to 3%)
- Excessive bleeding (please ensure all blood thinners, aspirin, and fish oil is ceased prior to surgery to reduce this risk)
- Deep vein thrombosis (DVT) - mechanical compression devices and blood thinners may be used after surgery to reduce this risk
- Anaesthetic complications will be explained in more detail with your anaesthetist as these risks vary depending on type of anaesthetic used and any underlying medical conditions.

