



## **New Joint a Good Fit?**

**If you think it's time for total hip or knee replacement surgery, be sure to weigh the pros and cons**

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*162 percent is the amount that knee replacement surgeries have gone up over the last two decades.*

All that running, jumping and Zumba shaking have taken a toll on baby boomers' knees and hips. Add to that the extra pounds many of us carry around, and it's no wonder we're swapping out our worn-out joints like old tires on a car.

Knee replacement surgeries are up 162 percent in the last two decades, according to Medicare data published last September in the Journal of the American Medical Association. And the numbers will likely grow. Nearly one in two adults — and two-thirds of obese adults — will develop painful knee arthritis, researchers estimate. Hip replacements are trending that way, too. Joint replacement is a last resort when the protective cartilage at the end of the bones wears away, and the resulting pain and stiffness of arthritis become unbearable. Replacement surgeries are most commonly performed on people over age 65, but the highest percentage increase in surgeries is in patients younger than 60.

If you've had enough debilitating pain and think you're ready to go through total knee or hip replacement surgery, make sure you weigh all the pros and cons. San Diego orthopedic surgeons suggest you consider the following before taking the big step:

- **Know when it's time.** "When patients have had pain medications, anti-inflammatory medications, cortisone injections and they still have pain when they walk, or wakes them up at night, and they have to schedule everything in their day around how their knee or hip feels, then they are probably ready for joint replacement surgery," said Dr. David Fabi, orthopedic surgeon at Scripps Mercy Hospital.
- **Prep for the procedure.** "Be as fit and as medically healthy and stable as you can before surgery," said Dr. James Bried, medical director of orthopedics at Palomar Health. "The better physical condition you are in going into surgery, the easier recovery you'll have after surgery." Other things that can help you prepare for the operation is to stop smoking, lose weight and learn as much about the joint replacement as possible.

Palomar Health like other San Diego hospitals has a pre-op class, which it requires joint replacement patients to take before their surgery.

“Studies have shown that the more educated patients are about joint replacement, the better they do,” Bried said.

- Experience matters. Choose a surgeon who does at least 100 joint replacements a year. More is better. Look for someone who has completed a joint-replacement fellowship. Also, ask about the surgeon’s complication rates (the lower, the better), if the hospital does a high volume of joint replacements (the higher, the better) and what that facility’s infection rate is. Ideally, it should be less than one percent. Ask for recommendations from friends who have had successful implants and from other doctors you know and trust.

- It’s going to hurt, so plan for the pain. Talk to your doctor about the pain management protocol. Many surgeons find that recovery is fastest in patients who receive regional anesthesia and, for postoperative relief, local anesthetics that are injected around the joint or delivered through a catheter. Narcotics and anti-inflammatory medicines are almost always used for joint replacement surgeries.

“We will do everything in the hospital to control the pain and keep you as comfortable as possible. However, the less (pain medicine) you take, the better,” said Bried, who also recommends heat and cold therapy. “It’s best to get patients up and walking by the day after surgery so we want them to be medicated enough to do that, but not so medicated that they can’t get out of bed.”

- There is no one best artificial joint. A successful replacement depends on selecting the right implant for the patient.

Today, joint components are made of various things, including metal alloys, including titanium and cobalt chrome, plus ceramic and ultrahigh molecular polyethylene plastic. Tantalum, a new highly porous metal, with a stiffness that compares with bone, is also being used.

However, some materials have been problematic. All-metal — metal-on-metal — hips have been failing at surprisingly high rates in recent years, sometimes within one or two years of the original procedure. The ordinary wear and tear of movement can cause microscopic amounts of the alloy to enter the bloodstream, damaging the tissue around the hip, making the implant loosen and become painful, forcing replacement or revision of the implant.

It’s recommended that patients and surgeons select an implant that has a reasonable track record of use (minimum of five to 10 years), has been used before by the surgeon and is appropriate for the patient’s age, activity level and shape of the joint.

- Don’t sweat the technique. Orthopedic surgeons use a variety of approaches in joint replacement procedures, often because they were trained differently.

Doctors caution against making assumptions about the benefits of any of the approaches. The skill of the surgeon is more important than placement of the scalpel. The differences between procedures is more theoretical than practical and if the doctor does it skillfully, patients are in about the same place three months after surgery, no matter what procedure is used.

“Find a surgeon who makes sense to you and try to understand why they do things the way they do them,” said Dr. Steven Allsing, orthopedic surgeon at Sharp Coronado and Grossmont hospitals. “Don’t go to the doctor and insist that they do a procedure the way that you want.”

- Not everyone’s a candidate for joint replacement. “Someone who is in debilitating pain and has reasonable expectations is a good candidate,” Fabi said. “But someone who thinks they are going to be running and jogging, that’s not going to happen. They are not an ideal candidate.”

A person in poor health or with an infection and who is completely inactive is not a good candidate. Advanced age, however, doesn’t rule out joint replacement.

“Numerical age isn’t really important; it’s the person’s health. If an 85-year-old patient is in good enough physical condition and their heart and lungs are capable of withstanding the surgery, I’m not opposed to doing a hip replacement on that patient,” Allsing said.

- Be rehab ready. Look for an institution that gets patients moving soon after surgery. For many people, that reduces the risk of medical complications and hastens recovery.

Physical therapy is critically important and needs to start the day after surgery and continue until the patient achieves acceptable range of motion, Bried said.

Don’t wait until after the surgery to start physical therapy to help strengthen the muscles in your hips and legs, Fabi said. A physical therapist who understands your functional ability before surgery is better able to help you recuperate after surgery.

Have an after-surgery plan. Arrange for a skilled nursing facility, home care and transportation. Prepare your home with special equipment you may need, such as a walker, elevated toilet seat, bathroom grab bars, cold therapy machine, shower chair, etc.

- Recovery takes time. A patient should expect to become stronger and more mobile over two to three months, with pain decreasing over time. But don’t judge your recovery by other people’s; recovery is highly variable.

Most people can usually resume most of their daily activities like light housework and shopping three to six weeks after knee replacement or hip surgery. If patients can bend their knee enough to sit in a car and have the strength to operate the accelerator and brakes properly, driving can be resumed in about four to six weeks or whenever their doctor gives them clearance. Twisting, kneeling and squatting should be avoided for six to eight weeks.

One can start swimming after about six to 12 weeks. Avoid jogging, badminton, jumping, football, basketball, skating and other joint-stressing activities. Resume these sports only after discussing it with your doctor.

- Complications are possible. More than 90 percent of joint replacement patients have a successful outcome. However, there is the possibility of problems with any surgery. Possible

complications include infection, blood clots, loosening of the prosthesis, dislocation, nerve or blood vessel injury near the prosthesis and problems with anesthesia.

The *Journal of Bone and Joint Surgery* reported that six percent of joint replacement surgeries must be redone within five years.

- New joints don't last forever. While artificial joints are more durable than they used to be, the typical patient who gets one today will need another in about 15 to 20 years. Patients younger than 60 need to realize that they may need another joint replacement in their lifetime. Obesity will put more stress on the artificial joint and make it wear out sooner.

- Don't sign up to run a marathon and other rules. After complete recovery from the surgery, people can perform various low-impact activities, like swimming, walking briskly, biking or playing golf. However, activities that involve higher impact, such as tennis, mogul skiing, jogging or any sports that requires jumping or contact generally will not be possible, or at least, not advised.

"I'm not a fan of running after joint replacement. Remember that it's a mechanical joint, not a normal joint. The repetitive pounding can cause the metal and plastic joints to fail," Allsing said.

Also, no dental work for at least three months after surgery because of the risk of infection. You will need to premedicate with antibiotics before dental appointments, possibly for the rest of your life.

- Artificial joints are not maintenance-free. It's important to see your surgeon every one or two years after joint replacement to get X-rays to make sure nothing is going wrong.

"It's better to catch a joint replacement when it's just starting to fail rather than when it is failing completely" Allsing said.

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