

Looking at Total Joint Replacement?

Answers for Patients from the American Association of Hip and Knee Surgeons

1. How many Americans have arthritis of the hip and knee? How effective are total hip and knee replacement at treating arthritis?

With people living longer than ever, arthritis of the hip and knee is more common. There may be a need for 500,000 hip replacements and 3,000,000 knee replacements each year by the year 2030.

Treatment of arthritis starts without surgery. Pain pills like Tylenol and anti-inflammatory pills like Motrin may help. Using a cane or avoiding doing things that hurt may give relief as well. But you may develop pain that can only be treated by surgery. At first, you may only have pain or stiffness when walking a long way. But as the arthritis gets worse, daily actions may hurt, including short walks, putting on shoes or dressing. Arthritis of the hip and knee can affect your life in many ways, including how you feel mentally.

The good news is that hip and knee replacement are very successful surgeries. It takes time to heal afterwards, but many patients return to a pain free, active life. Less pain usually leads to better walking ability, improving your overall health.

With more hip and knee replacements being done every year, their value has been looked at closely. A common way to measure the value of a procedure is to compare the cost to the quality years of life it gives a person. Looked at this way, hip and knee replacement are “bargains” to society. The costs of the surgery itself are high. But the improvements in patient’s quality of life are great and sustained. Thus the overall costs in general are considered low. Patients show improvements in

how well their hip or knee works. Their general health and sense of well-being also gets better. Nine out of ten patients say they would have the same surgery again to treat their arthritis.

Hip and knee arthritis affects a patients’ ability to walk and take care of themselves. Fortunately, hip and knee replacement are successful and cost-effective treatments with a high rate of patient satisfaction.

2. When is the right time to have my joint replaced?

The “right” time for joint replacement surgery is a common concern. Many factors are important to think about. These include your general health, time away from work, family commitments, and the time it will take you to get better afterwards. Most patients decide the time is “right” when their knee or hip pain prevents them from living comfortably. In many cases, arthritis pain will prevent you from doing very simple things. Perhaps you cannot take care of your home or family, or you can no longer do your job. Each patient must decide when it is the “right” time to have surgery.

Many things will get better after a successful hip or knee replacement. Pain relief is the primary goal of surgery. Eight or nine out of ten people who have hip or knee replacement have complete pain relief within a year. Once you are without pain, improvements in your ability to walk and be active are common. Lastly, a new hip or knee may allow you to return to your favorite pastimes. You may enjoy walking, swimming, gardening and even some low-impact sports.

Is there a problem with waiting too

long before deciding to have your hip or knee replaced? Patients with hip and knee arthritis have disability from two things. One is pain. The second is mechanical symptoms such as locking of the joint which make some activities difficult. Some patients suffer from pain, swelling, and stiffness for years before considering surgery. Others people see a doctor when mechanical symptoms, (buckling, clicking, grinding, and limping) get worse. Sometimes these symptoms will make it *unsafe* at home or at work. There is something to be said for not “waiting too long,” however. As hip and knee arthritis worsens, the stiffness of the arthritic joints also worsens. This can make the replacement surgery harder. That may mean a longer recovery and more physical therapy. Unfortunately in severe cases, joint flexibility may never return to normal. By waiting too long, you may not get the full benefits of your hip and knee replacement surgery. Women and African-Americans tend to wait longer than Caucasian men to have joint replacement surgery and should be particularly aware that such a delay could negatively impact the result of the surgery

3. What can I expect following THA or TKA?

Hip and knee replacements are still major surgeries. But advances in how the surgery is done and pain control have made the recovery shorter and easier. Patients usually stay in the hospital for two to four days after surgery. Ten-day stays were routine 15 years ago. The improvement has come from a variety of advances. These include better patient teaching before surgery. Your surgeon may provide you with educational materials and possibly a class before surgery. You may

be contacted by health care providers working with your surgeon to discuss who is available at home to help you after surgery. Sometime, plans for going home are made before the patient has even been admitted.

Pain from surgery is one of the biggest reasons why people avoid having a hip or knee replacement. With better pain control, patients usually only have mild to moderate pain. Pain control comes from using several medications. The way the brain experiences pain is complicated. Pain can be controlled at different levels. Drugs can be used that affect both the spinal cord and the brain. Doing so means smaller doses and fewer side effects like nausea. Surgeons may also inject pain medicine into the hip or knee at the time of surgery to numb the area. At many hospitals, pain medications are given even before surgery begins. Nausea can make recovery harder. It has many causes. These include stress and the medications used for pain control. There are many ways to avoid nausea. These include using less medication that include narcotics like morphine. There are also medications that help control nausea if it occurs.

Recovery starts right after surgery. Patients are helped out of bed on the day of or the day after surgery. A physical therapist will help you to walk. Most patients will have one or two sessions of physical therapy per day. The goal of therapy is to assist with strengthening of the muscles and walking. Therapy will also make sure that patients are safe when they go home. That's important when doing things like dressing, using the bathroom, getting up from a chair, and climbing stairs.

Walking soon after surgery helps you get better. It also helps avoid things like bedsores, pneumonia, and blood clots. While moving around helps prevent blood clots, most doctors will use a more formal program of blood clot prevention. Methods to prevent blood clots may include stockings worn on the legs, inflating foot or leg pumps,

and blood thinning medications. These medications may be continued after discharge to home.

After a two to four day stay in the hospital, patients can generally go home. Those who are older or who have other health problems may need a little more time in a nursing home or rehabilitation facility.

Most patients get better from hip or knee replacement by six weeks. The skin incision or cut takes approximately two to three weeks to heal. The time it takes to walk without a cane or drive after surgery is different for each patient and each doctor. Hip and knee patients will need physical therapy after going home. Even though the skin incision or cut will heal in two to three weeks, the process of healing can take up to a year. Scar tissue tends to soften over time. That means you **can continue to improve** even after your physical therapy is over.

4. How long will my replaced joint last?

For 8 or 9 out of every 10 patients, the new joint is still working well after twenty years, which is impressive. How long the replacement will last depends on a number of things. Patients who are younger and more active tend to wear out their replaced joints more quickly. Older, less active patients find their joint replacements last longer.

Replacements may fail by the parts becoming loose. The joint surfaces may wear. Bone could break down around the parts, infection could set in, or in rare cases, the parts themselves might break. Many of these problems can be seen by a doctor on x-rays before the patient feels that anything is wrong. This is why you should see your doctor on a regular basis after surgery even if you feel well. Treatment soon after a problem occurs is usually simple. But if the problem is ignored, it can be much harder to fix.

**Developed by the AAHKS
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