

# Arthritis: Should I Have Knee Replacement Surgery?

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

## 1. Get the facts

### Your options

- Have surgery to replace your knee.
- Don't have this surgery. Instead, use other treatments, like exercise, weight loss (if you're overweight), medicines, or manage conservatively with the use of braces and/or walking aids.

### Key points to remember

- The decision you and your doctor make depends on your age, health, and activity level, and on how much pain and disability you have.
- Most people have knee replacement only when they can no longer control arthritis pain with medicine and other treatments and when the pain really interferes with their lives.
- Rehabilitation after knee replacement requires daily exercises for several weeks.
- Most knee replacements last for at least 10 years. Some people need to have the knee replaced again.
- Whilst awaiting joint surgery, It is important to maintain strength, endurance and activity levels whilst you are managing the symptoms from your knee. Low impact exercise such as cycling or water based exercise are ideal.

### FAQs

#### What is osteoarthritis?

Osteoarthritis is a problem that affects all parts of the joint. For example, when cartilage breaks down, the bones start to rub against each other. This causes damage to tissue and bone. The symptoms of osteoarthritis include joint pain, stiffness after inactivity, and limited motion.

## What is knee replacement surgery?

Knee replacement surgery may be used when a person can no longer control knee pain with other treatments and when the pain significantly disrupts his or her life.

The surgeon covers the ends of the worn thighbone and lower leg bone, and occasionally the kneecap, with artificial (man-made) surfaces that are lined with metal and plastic. The artificial pieces are usually cemented to the bones.

Rehabilitation, or rehab, is usually intense after surgery. Most people start to walk with a walker or crutches the day of surgery or the next day. And they begin physical therapy right away. Your doctor may advise you to ride a stationary bike to strengthen your leg muscles and improve how well you can bend your knee. Rehab will take several weeks, but you should be able to start walking, climbing stairs, sitting in and getting up from chairs, and doing other daily activities within a few days.

Surgery is only for people with severe osteoarthritis who do not get sufficient pain relief from medicine, home treatment, or other methods and who have lost a lot of cartilage. Surgery can relieve severe, disabling pain and may restore the knee's ability to work properly.

## What other surgeries are used to treat osteoarthritis?

Besides knee replacement, the other types of surgeries used are:

<b>Types of Surgery</b>	<b>Description</b>
<b>Arthroscopy</b>	Arthroscopy may be used to smooth a rough joint surface or remove loose cartilage or bone fragments. But it is usually only recommended for osteoarthritis of the knee if locking is present.
<b>Osteotomy</b>	This surgery corrects knee problems such as bowleg and knock- knee. It is usually done for younger, active people who have mild arthritis and who want to delay knee replacement.

## What other treatments are available?

There are a number of treatments for arthritis in the knee that don't involve surgery, please tick if you should have tried any of them:

**Medicine.** If your pain is mild to moderate, over-the-counter pain medicines may help. These include paracetamol, cocodamol and nonsteroidal anti-inflammatory drugs, such as ibuprofen or naproxen. It may be worth talking to a healthcare professional about how to use them effectively. For example taking x2 paracetamol before an activity such as walking and then 4 hours later can often help. As can taking x2 paracetamol before bed. But if these do not reduce your pain, you may need a stronger prescription medicine. Be safe with medicines. Read and follow all instructions on the label.

**Pain-relieving gels or creams**, such as diclofenac or capsaicin.

**Steroid** injections may provide rapid pain relief which can last up to 2-3 months . Some people manage their OA knee with steroid injections alone. But for some people, this benefit only lasts a few weeks. There are small risks with steroid injections.

**Ice or heat.** Heat may help you loosen up your joints before an activity. Ice is a good pain reliever after activity or exercise.

**Exercise.** Exercise helps because it makes your muscles stronger, which lowers the stress on your knees. But make sure to talk to your doctor, physiotherapist or specialist about what kind of activity is best for you.

**Losing weight, if you're overweight.** Losing weight helps take some of the stress off of your joints This can really help reduce pain especially if you are a few stone overweight and is the best form of management for many people.

**Physical therapy.** This includes specific exercises that can help you stretch and strengthen your muscles and reduce pain and stiffness.

**Walking aids.** There are many devices you can use to take some of the stress off of your knee. These include walking poles, sticks, crutches, walkers, braces, and tape. You may also be able to reduce the stress on your knee by wearing the right shoes or by adding insoles to your shoes. Talk to your doctor or physiotherapist.

**Dietary supplements**, such as glucosamine and chondroitin, fish oil, or SAM-e. Some people feel that these supplements help. But medical research does not prove that they work. Talk to your doctor before you take these supplements.

## What are the risks of knee replacement surgery?

Most people have much less pain after knee replacement surgery and are able to return to many of their activities. But as with any surgery, there are some risks, including:

- **Persistent pain.** Up to 15% of patients suffer persistent pain after knee replacement, though not usually as severe as the pain before surgery.
- **Lack of good range of motion.** After surgery, some people can't bend their knee far enough to do their daily activities, even after several months and long term stiffness can be a problem.
- **Wound-healing problems/infection.** These are more common in people who take steroid medicines or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes, or patients who are overweight. People who have any sort of artificial material in their bodies, including artificial joints, have a permanent risk of infection seeding around the material. Infection is rare but devastating. There is a risk of infection with any surgery.
- **Inadvertent damage to structures around the knee.** This includes blood vessels, nerves, ligaments and the bones, and can cause long term problems.
- **Instability in the joint.** The knee may be unstable or wobbly if the replacement parts are not properly aligned. You may need a second surgery to align the parts correctly so that your knee is stable.
- **Dislocated kneecap.** If this happens, the kneecap may move to one side of the knee, and it will "pop" back when you bend your knee. It usually needs to be treated with another surgery. But this problem is not common.
- **Blood clots.** These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. They are more common in older people, those who are very overweight, those who have had blood clots before, and those who have cancer.

- **The usual risks of general anesthesia.** Problems from anesthesia are not common, especially in people who are in good health overall. But all anaesthesia has some risk. The most potentially life changing ones are stroke, heart attack, and longer lasting confusion after the operation. An anaesthetist will assess you before surgery and discuss individual risks.

## **What do numbers tell us about the benefits and risks of knee replacement?**

### **Pain relief with surgery**

The evidence about knee replacement surgery suggests that most people are happy with the results.

Take a group of 100 people who have the surgery. Six months after knee replacement, about 80 out of 100 people have less pain and can do more activities than they could before the surgery.

### **Need for repeat surgery**

Most artificial knees last for many years. But they can wear out or have other problems. Some people have to repeat the surgery to have the joint replaced again. The surgical and anaesthetic risks mentioned before are bigger as the second operation takes longer and you will be older.

Take a group of 100 people who have the surgery. Within 10 years after surgery, about 5 to 12 out of 100 will need to have the knee replaced again. Younger patients are very much more likely to require a revision (redo) knee replacement, usually due to their higher activity levels. Patients under the age of 67 are more likely than not to need revision surgery in their lifetime, so are committing not just to the initial knee replacement, but to major surgery later on.

### **Problems after surgery**

The evidence suggests that, like most surgeries, knee replacement may have some risks.

Take a group of 100 people who have the surgery. About 4 out of 100 people have a serious complication that leaves them worse off like a joint infection, a blood clot, or a heart attack within 3 months after surgery. If you are older or have other health problems, your risk may be higher. About 15 out of 100 patients will have ongoing issues that will leave them dissatisfied with their knee replacement.

## 2. Compare your options

<b>Have knee replacement surgery</b>	<b>Try other treatment</b>
<p data-bbox="188 506 635 544"><b>What is usually involved?</b></p> <p data-bbox="188 584 775 689">You may be asleep during this surgery. Or you may be awake but numb from the waist down.</p> <p data-bbox="188 730 775 835">You will probably have a short stay in the hospital, but some people go home the day of surgery.</p> <p data-bbox="188 875 756 981">You will need several weeks of physical therapy, including exercises you can do at home.</p> <p data-bbox="188 1021 775 1205">It usually takes people 2 to 3 months to get back to doing their usual activities. But it may take a little longer than that for some people. A full recovery may take 6 to 12 months.</p> <p data-bbox="188 1319 579 1357"><b>What are the benefits?</b></p> <p data-bbox="188 1397 732 1503">Most people have much less pain and are able to do many of their daily activities more easily.</p>	<p data-bbox="809 506 1256 544"><b>What is usually involved?</b></p> <p data-bbox="809 584 1342 730">You can try exercise, weight loss (if you're overweight), medicines, joint injections, or, in some cases, another type of surgery.</p> <p data-bbox="809 770 1377 875">You can try using crutches, braces, and other types of walking support to help ease the stress on your knee.</p> <p data-bbox="809 1319 1200 1357"><b>What are the benefits?</b></p> <p data-bbox="809 1397 1355 1464">You avoid the risks and side effects of surgery.</p> <p data-bbox="809 1505 1355 1572">You avoid months of physical therapy, although exercise is still important.</p>

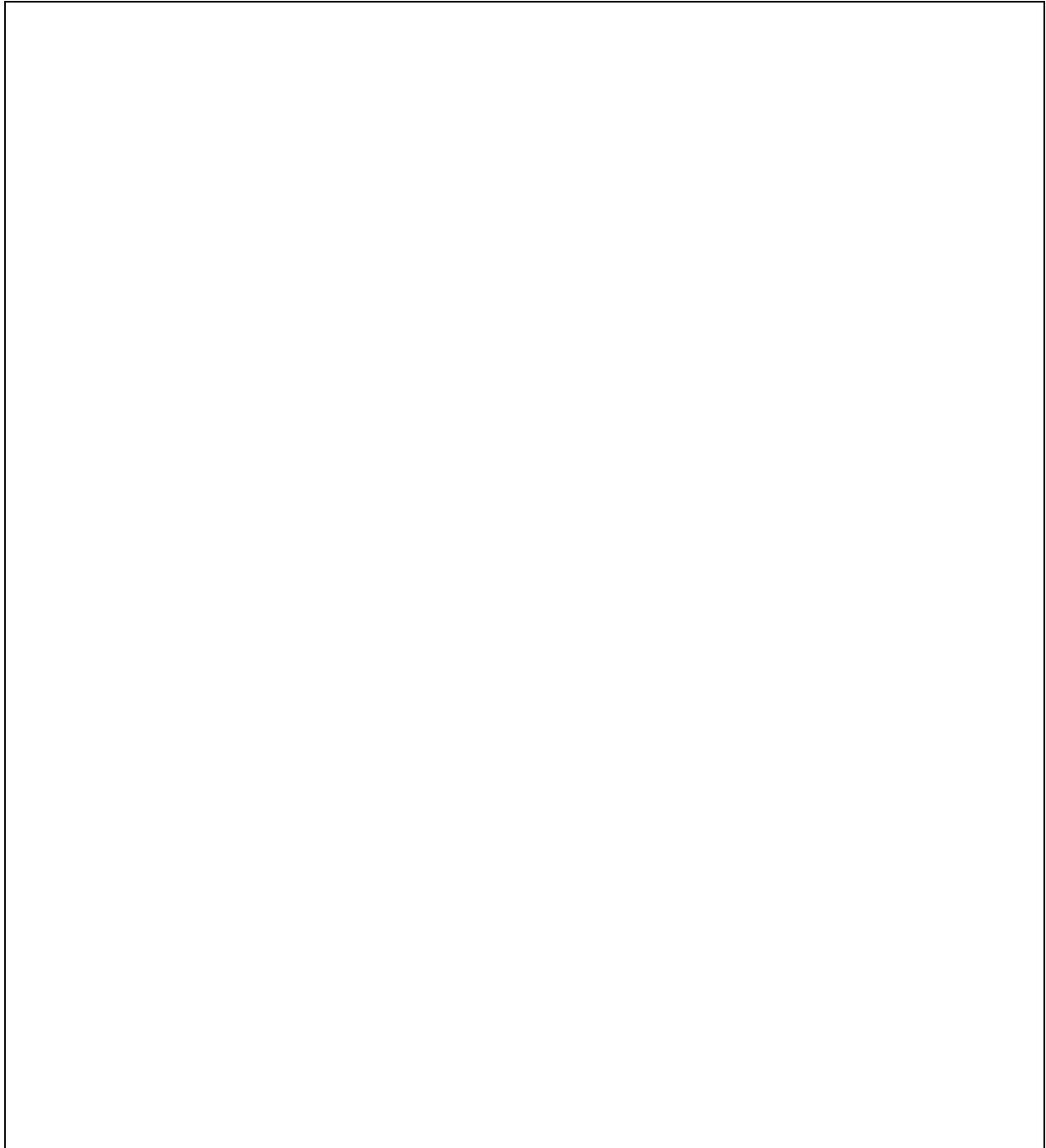
<p><b>What are the risks and side effects?</b></p>	<p><b>What are the risks and side effects?</b></p>
<p>Risks include:</p> <ul style="list-style-type: none"> <li>• Persistent pain</li> <li>• Stiffness of the knee</li> <li>• A blood clot</li> <li>• Infection or wound-healing problems</li> <li>• A heart attack</li> <li>• Instability in the joint</li> <li>• Dislocated kneecap</li> <li>• The usual risks of general anaesthesia</li> </ul> <p>Possible side effects:</p> <p>Your knee won't bend as far as it did before you started having knee problems.</p> <p>You will need to avoid activities that put a lot of stress on the joint, like running or playing tennis. You are very unlikely to be able to kneel.</p> <p>You may eventually need another replacement, because the artificial joint can wear out or loosen.</p>	<p>The strong medicines used for severe pain may cause constipation, mental confusion, drowsiness, and nausea and vomiting.</p> <p>Steroid injections can cause pain and swelling in the knee.</p> <p>There are no bad effects from home treatments such as staying at a healthy weight, exercising, and using heat and cold therapy.</p> <p>If you decide to have surgery later, and your limited activity has already caused you to lose strength, flexibility, balance, or endurance, it may be harder to return to your normal activities.</p>





**6. What else do you need to make your decision?**

Note down any questions you have for your surgeon or anaesthetist.

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