

Patient's Guide to Hip and Knee Replacement Surgery

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The purpose of this guide is to familiarize the patient and his family with joint replacement surgery, and begin the education process if you and your surgeon are considering joint replacement surgery.

The success of hip and knee replacement surgery over the past 30 years is evidenced by the fact there are approximately 500,000 of these operations performed each year in the United States. The reason there are more and more procedures each year is because the great majority of patients are very pleased with the surgery.

Joint replacement surgery has a tremendous impact upon a patient's quality of life, allowing people to maintain active pain-free lifestyles. A recent note from a patient is testimony to the tremendous success of total joint replacement.

Dear Dr. Tobin:

*Many thanks for your attention and encouragement.
I am so pleased with the result of my surgery. It changed my life.
One cannot ask for more than that.*

Sincerely,

Dr. C.S.

When joint replacement surgery was in its infancy over 40 years ago, it was the goal of the surgeon to give pain relief to bedridden patients. These patients could not get out of bed and walk to the bathroom without pain.

Today, the expectations of surgery are much more advanced. Patients today can expect relief of pain from activities of daily living, restore motion, and return to very active and healthy lifestyles. Patients now continue to play golf and tennis and there are currently members of the senior golf and tennis tours competing very successfully with artificial joint replacements. Orthopaedic surgeons have continued to increase our goals of elective hip and knee surgery with improvements in design, surgical technique, and rehabilitation.

Patients frequently have very similar questions and this guide will answer some of the more frequently asked questions.

If I wait to have the surgery, will it be more difficult or impossible later on?

In general the answer is no. In the United States there are few people who will wait long enough to make the surgery more difficult. Certainly as your knees continue to 'bow' or become more bent, the surgery does become slightly more difficult. However, most patients will not be able to tolerate the pain, or become so disabled before having the surgery performed.

What can I do with my hip or knee replacement?

There are some doctors who believe that once a patient has a joint replacement, that they should "protect it." I believe this is largely a matter of the particular philosophy of the doctor, as well as the goals and desires of the patient.

My neighbor says she has glue in her hip. Will I have that too?

Traditionally, when hip and knee replacements were first developed they were performed with smooth implants and cement was used to hold them in place. In the early seventies, an entity called "cement disease" was identified and led to the development of rough surfaced implants under the theory that bone could grow into the implant, thus eliminating the need for cement. Today, approximately one-half of implants in the United States are cemented, and one-half are porous coated.

What are the most common complications?

Infection	-less than one percent
Dislocation	-5 to 10 percent
Loosening	-approximately one percent per year
Death	-approximately one in 10,000
Vascular injury	-one in a thousand
Nerve injury	-one in a thousand

Can we prevent these?

There are many measures we take to reduce these complications, but there is still a small chance of complications with every surgery.

My doctor says I have *arthritis*. What is *arthritis* and aren't they all the same ?

There are many causes of arthritis, but most people have osteoarthritis or degenerative arthritis which is simply wear and tear of the joint surface. The human body was only designed to survive approximately 30-35 years and medical science over the past 200 years has significantly increased our lifespan, but the longevity of joint cartilage lags behind our understanding of many other medical problems, and is still being researched and understood.

Who is a good candidate for joint replacement ?

Prior to having a knee or a hip replacement, the patient must know what results they can expect from the surgery. A young patient came into the office recently and said that he could run 16 miles without any pain, but when he ran more than 17 miles, his knee started hurting him. He wanted to know what he could do about this pain, and if he was a candidate for knee replacement surgery.

If you have sought the advice of a doctor, it is likely that your knee or hip has been bothering you for some time, and has probably slowly gotten worse over the past year or so. The first line of treatment is modification of activities or lifestyle and usually is begun by the patient and will usually occur prior to visiting the doctor. A patient may say for example, "I used to walk 18 holes on Saturday and Sunday, then I had to take a cart to play golf, and now after 18 holes with a cart, I am so sore, I won't play for three or four days." Or, another example, "I used to go to the mall and shop for hours, now I have to sit down after twenty minutes. It just is not as enjoyable as it used to be."

The next line of treatment may involve oral medications such as Tylenol or Motrin, and may involve injections into the joint with steroids. Physical therapy may also be recommended prior to surgical intervention.

When should I have my hip or knee replacement surgery done?

When to intervene with surgery is a decision the patient needs to make in consultation with their surgeon. In general, the time to have surgery is when the pain and disability has reached a point where it is preventing the patient from doing the things they want to do. Different patients can have vastly different goals and expectations. There are many hip and knee replacement patients playing golf and tennis on the professional level, and playing very well. Bo Jackson had his hip replaced while in his thirties in order to play professional baseball. As you can see, different patients can have vastly different goals.

There are many other questions concerning joint replacement which you should know the answers to before you have your joint replaced.

Can I play golf?

Can I play tennis?

How long will it last?

Why did Bo Jackson's hip fail?

What else can be done prior to joint replacement ?

Can arthroscopic surgery help my knee pain ?

I had my joint replaced many years ago and it just doesn't work as well as it used too.
Can it be done again?

Do I need to protect my prosthetic joint?

Am I too old to have a knee or hip replacement?

Aren't I too young to have a hip or knee replacement?

Aren't I too heavy to have my hip or knee replaced?

How long does the surgery take?

When can I shower?

When can I drive?

When can I go back to work?

Can I kneel in church?

Aren't all hip and knee designs the same?

The practice of medicine is very much an art, as well as a science. This is because no two patients, nor are two situations ever exactly alike. Therefore, we use science to guide us in our decisions, but frequently there are very subtle differences in each situation which we must weigh and evaluate to set a course of action.

These are a few of the questions most frequently asked, and I would be glad to discuss these and any other questions you may have.

Thank you for your interest.

Joseph P. Tobin, M.D.