



CLINICALLY RELEVANT QUESTIONS



Hip and Knee Replacements have become the most reliable operations we have available for relieving pain and restoring function. Thousands of patients in Australia every year¹ get the benefit of these surgeries which durably restore comfort and mobility to near normal levels. However, many people in the early stages of developing arthritis will get lasting benefit from non-operative treatments, prompting the clinically relevant question:

When do I need a Joint Replacement?

Joint Replacement Surgery is indicated when:

- Symptoms are significantly limiting a person's lifestyle – this varies from person to person, but might include having difficulty doing home duties and maintenance, not being able to complete a full day at work or even no longer being able to exercise or walk the golf course (before being completely disabled).
- Prescription drugs are no longer effective, or
- Medications are causing too many side effects
- Pain causes difficulty sleeping
- Walking aids are necessary
- Physiotherapy or a targeted exercise program hasn't provided relief
- X-Rays show severe joint degeneration

In summary, if a patient presents with pain and limitation causing them significant distress, physical or mental, and the symptoms haven't responded to medication and other non-operative measures, it's time to consider Joint Replacement Surgery.





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Prevention is better than Cure

Before severe osteoarthritis sets in, there are several ways to keep joints healthy and functioning well. These include:

Exercise – Appropriately prescribed exercise can be extremely helpful. Carefully structured, self- managed, progressive exercise programs are the cornerstone of the physiotherapy management of patients with osteoarthritis.⁴

Weight loss - For every extra kilo you carry, you put about three kilos of additional pressure on your knees and multiply the pressure on your hips by about six.⁵ If you have arthritis, losing weight can reduce your joint pain symptoms. If you do need an operation, losing weight can reduce your risk of having complications and make your postoperative rehabilitation a lot easier.

Care with your joints - Use the proper technique when lifting or carrying anything heavy and if any activity hurts, stop doing it right away. You may also need to modify your exercise regime as you get older.



What is the role of "Synvisc" ? (AKA viscosupplementation)

SynviscOne² is the proprietary name of an injectable gel containing the long chain polymer, hyaluronan (actually harvested from chicken combs) which is chemically close to hyaluronic acid found in synovial fluid. It now comes as a single dose intra-articular injection and is marketed as a synovial fluid analogue which will "improve the knee joint's natural shock absorbing abilities" – I think of it as human WD40. It does not have proven efficacy in severely affected joints and is not a long-term solution, but has a limited place in my own practice as a "rescue" treatment – when pain is severe and surgery is not immediately possible or inconvenient to the patient. It is not on the PBS (although available to DVA patients) and is expensive.

1. AOA National Joint Replacement Registry, Annual Report 2011 (Executive Summary)
2. Information for Prescribers, Synvisc Website, Genzyme Corporation
3. SynviscOne website – "What is Synvisc?"
4. Fransen, M and McConnell, S. Exercise for osteoarthritis of the knee. Cochrane Database of Systematic Reviews, 2008.
5. Felson DT, Weight and Osteoarthritis, Journal of Rheum., 47:7-9 (1995)