When is it necessary to have joint replacement surgery?

By Margit B. Weisgal, Contributing Writer

"When the Advil and the Chardonnay stop working, it's time to have your hip replaced," says J.M. Wolfe, an avid tennis player, four years after his surgery. "For two years, I literally had to lift my leg into the car to drive. My X-rays showed bone on bone, and it had atrophied. Having the surgery was a great relief."

If you ask around, you'll find lots of people who have had a joint replaced and, sometimes, two or more. Over seven million people are living with artificial knees and hips with an expected increase of 188 percent in knee replacements and 123 percent in hip replacements for patients age 45-64, according to research presented at the 2014 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS: www.aaos.org). "There are roughly one and a half times as many people living with a hip or knee replacement in the United States as people living with heart failure," the research states.

Surgery is not the first option, though, if you have pain in your knee or hip. Theodore Manson, M.D., associate professor of orthopaedics at the University of Maryland Medical Center, says, "Always start with conservative treatments. As long as you can control the pain, there's no reason to even think about surgery. And since it's elective, we make sure you're as healthy as possible before operating so that your outcome will be as good as possible."

Marc W. Hungerford, M.D., chief of orthopedics at Mercy Medical Center, concurs. "Symptoms can be managed using anti-inflammatories, exercise, braces, canes and/or physical therapy (PT). Then we move on to corticosteroid shots to control pain and delay surgery. Patients think we're stalling, but medications are the least risky despite the high success rate of joint replacement surgeries."

The question most people ask is, "When do you have the surgery?" Robert Sterling, M.D., director, adult hip and knee replacement fellowship and associate professor of orthopaedic surgery at Johns Hopkins School of Medicine, answers, "The general rule is once you're identified as having arthritis, cartilage loss or pain with motions, we stick with non-surgical treatments as long as possible. When you cry, 'Uncle!' we plan your surgery."

Manson adds, "Consider surgery when the pain begins to change your life, especially for those who have left their homes, can't do steps, become reclusive, have pain that wakes them up and are dependent on devices (a cane or walker) to get around. Then, surgery is needed to improve the quality of life."

For those with hip problems, the first hint of an issue will sometimes feel like a pulled muscle that doesn’t heal or the pain doesn’t go away, or you’re having trouble walking. With your knees, there’s some pain when you’re walking or using stairs. Prospective patients will go one of several different routes to identify their problem.

Some start with a visit to their internist to assess pain. Some go directly, or are referred by their primary care doctor, to

Healing is a matter of time, but it is sometimes also a matter of opportunity. —Hippocrates

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an orthopedist, a physician specializing in "injuries and diseases of your body’s musculoskeletal system," explains the AAOS. "This complex system includes your bones, joints, ligaments, tendons, muscles and nerves, and allows you to move, work and be active."

Another referral source is a rheumatologist, a physician who receives further training in the diagnosis and treatment of musculoskeletal disease and systemic autoimmune conditions commonly referred to as rheumatic diseases. These diseases, such as rheumatism and arthritis, can affect the joints, muscles and bones causing pain, swelling, stiffness and deformity.

Others see a physiatrist, defined by the American Academy of Physical Medicine and Rehabilitation (www.aapmr.org) as a “Physical Medicine and Rehabilitation (PM&R) physician, who treats a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. The AAPMR recommends seeing a physiatrist to assess a chronic condition, limited function, diminished energy, ability to move easily or chronic pain from arthritis. Normally, an X-ray will be taken to help with a diagnosis. The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS: www.niams.nih.gov), part of the National Institutes of Health, describes why you may need to have a joint replaced. “Joints can be damaged by arthritis and other diseases, injuries or other causes. Arthritis or simply years of use may cause the joint to wear away. This can cause pain, stiffness and swelling. Diseases and damage inside a joint can limit blood flow, causing problems in the bones, which need blood to be healthy, grow and repair themselves,” the organization states on its website.

Any of these doctors can treat you up to the point when you need a joint replacement. Then you need an orthopedic surgeon. Once you’re identified as a candidate, the surgeon will begin the pre-operative screening process.

“That includes a dental check to lower the risk of infection and, for diabetics, to ensure your sugar in under control,” explains Sterling. “Most hospitals and surgeons have a class beforehand to inform you about what to expect. We go over what happens afterwards, including physical and occupational therapy, so you’re completely prepared. Those who take the class are more engaged, more mentally prepared and have more reasonable expectations. This mitigates fear and anxiety, which drives pain. We discuss what they’ll be able to do – and what they can’t. After all, we’re not implanting a time machine. It’s what is best for each individual.”

These reviews (check out the Joint Journey Program at Mercy) include everything from what you can do before the surgery, what happens during the surgery, the type of anesthesia (spinal versus general), time in the recovery room and the post-operative procedures and expectations. Physical therapists will actually work with patients the same day they have the replacement, getting them moving immediately.

“But, says Manson, “There are times when you shouldn’t have surgery. If you’re ill, if you have medical conditions like heart disease and diabetes, or even infections, these need to be optimized prior to surgery because they can cause complications. And the healthier you are beforehand, the better your outcome and recovery.”

Wolfe, who plays tennis several times a week, laughs about his expectations. “I was told playing singles would be out, that I would have to play doubles the rest of my life. But I went into surgery in great physical condition. When you keep the pounds off, it’s much easier on the hip and knee. And I was determined. OK, stubborn. So now I’m back to playing singles as I did before.”

The length of your hospital stay is dependent on your surgeon and the hospital in which you have the surgery. Contingent on whether you have a partial replacement or a complete one, your surgery may be done as an outpatient surgery. The norm is two to three days, although 60 percent go home the day after surgery. Manson says his patients must be able to walk stairs before they are released.

After you leave the hospital, you usually go home, but a small percentage of patients go to a rehabilitation facility that includes PT to recover. You will need to manage your pain, manage swelling and keep moving, using a cane or walker at first. Ideally, you’ll have someone to help you with meals, but many patients prepare food prior to surgery and freeze it so they can manage on their own. And, being home, you heal better and are exposed to fewer pathogens.

“Everyone is different, and everyone heals differently,” says Sterling. “Hips usually recover faster than knees. Healthier, fitter patients are capable of doing more, faster. It’s not about age. That’s just a number. Your physiology contributes a lot. Those with health issues – overweight, high body mass index (BMI), or heart issues – will take longer, but our goal is to get you back to functionality as quickly and safely as possible. You should figure that it will take around six months to be fully healed.”

“You get out of rehab what you put into it,” says Wolfe. “I did it religiously. My therapist would tell me ‘move your leg a half inch’ and ‘that’s really good.’ Baloney. It took a long time to get better.”

“The average age for a joint replacement is 64,” says Hungerford. “With some chronic diseases, like arthritis, you can’t get rid of them. Once you have a replacement, you get your life back. The younger a person is – and that’s anyone my age or less – the more varied the expectations. A 40-year-old will probably need a second replacement. Once you’re past 60, you can expect your prosthesis to last as long as you do, but you’ll probably not be able to play basketball.”

Does it matter what type of new joint you get? “The variances in different prostheses are not that great,” says Manson. “It’s usually whatever the surgeon prefers. The materials we use today – they include titanium, high-strength plastic, ceramics and combined cobalt and chrome – are far better than those from just 20 years ago and only deteriorate about one percent a year, so most people won’t need another surgery.”

How do you choose a surgeon? “The ideal surgeon,” says Manson, “is fellowship trained, which means he or she had an additional year of training after residency. A fellow will do more surgeries than their teachers. And look for some
Sterling adds, “There are nine sub-specialties in orthopedics. Those with fellowships in joint replacements have a far better understanding of the procedures. Ask about the scope of the practice and how long they’ve been doing surgeries. Get recommendations from your primary care physician and ask friends who did their replacements. This surgery has a high success rate, over 97 percent, no matter whom you go to. Most people will have good outcomes, but you want ‘outstanding.’”

Much research is being done in this area. “Studies of the various forms of arthritis, the most common reason for joint replacement surgery, are helping doctors better understand these diseases and develop treatments to stop or slow their progression and damage to joints,” says NIAMS.

“Scientists are studying replacement joints to find out which are best to improve movement and flexibility. They are also looking at new joint materials and other ways to improve surgery. For example, researchers are looking for ways to reduce the body’s inflammatory response to the artificial joint components, and are trying to learn why some types of prostheses are more successful than others.”

Wolfe is completely satisfied with his hip replacement. “Six months later, you’re a 110 percent better because, before the surgery, you couldn’t even lift your leg. It’s so much better now.” His reaction is echoed by many people who’ve had a joint replaced. There is a light at the end of the tunnel and that’s getting your life back to normal.

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manufacturer provides a third-party written guarantee that the product is made under the F.D.A.’s “good manufacturing practice” (G.M.P.) conditions, as well as a Certificate of Analysis (C.O.A.) assuring that what is written on the label is what’s in the bottle.”

The impetus for his most recent book, “Pandora’s Lab,” was an exhibition hosted by the Franklin Institute in Philadelphia, of Grande’s 101 Inventions That Changed The World. “From the carving of stone tools to the birth of the internet, 101 Inventions That Changed the World chronicles this journey. Some inventions were driven by necessity, while others were discovered purely by accident, but what they all share is a significant and lasting impact on the course of history,” according to www.grandeexhibitions.com.

Two stood out to Offit – gunpowder and atomic energy – but it got him thinking about the reverse – what inventions changed the world for the worst.

“The one that scared me the most was a treatise published in 1916, ‘The Passing of the Great Race: or, The Racial Basis of European History,’ written by New York attorney and amateur anthropologist Madison Grant. Grant was of Puritan descent and believed the U.S. was being invaded by inferior (non-Nordic) races, then took eugenics one step further, saying traits such as loyalty, bravery or criminality, could be passed on. Grant said, ‘We need to make America America again.’ Sound familiar?” he says.

In 1925, the book was translated into German. Hitler plagiarized much of it for his opus, “Mein Kampf.” Stefan Kuhl, in “Nazi Connection: Eugenics, American Racism, and German National Socialism,” documented a letter from Hitler to Grant personally thanking him for writing it, referring to the book as “my Bible.”

Offit is a mixture of curiosity, vision, a desire to improve the lives of his fellow man and staunch ethics. By taking on industries and ill-conceived beliefs that warrant investigation, he makes us safer and healthier and more aware of the dangers we face. If you’re ever looking for a thought provoking read, pick up one of his books. We need more champions – more crusaders – like Paul Offit. With him in the world, we are all far better off.

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