

Joint Surgery

Joint replacement surgery is typically recommended to patients who have tried non-surgical treatment but still have joint pain. While this is an extremely effective surgical treatment, total joint replacement should be considered as the last, rather than the first, treatment option for patients with advanced arthritis of the hip, knee or shoulder.

Fast facts

- In 2003, approximately 418,000 total knee replacements and over 220,000 hip replacements were performed in the U.S. This number continues to grow as our population ages.
- Total joint replacement is one of the safest and most reliable treatments in any area of medicine.
- A hip or knee replacement done today typically can be expected to last for 20 or more years. In fact, for most patients, total joint replacement surgery will be a lifelong solution for arthritis of the hip or knee.

What is joint replacement surgery?

Modern joint replacement surgery involves removal of the worn cartilage from both sides of the joint, followed by resurfacing of the joint with a metal and plastic replacement implant that looks and functions much like your normal joint. Although nearly every joint in the body can be replaced, most replacement surgeries involve the hip or knee.

Over the last 30 years, improved surgical techniques and new implant materials have been developed, making total joint replacement one of the most reliable and durable procedures in any area of medicine.



What determines the appropriateness of joint surgery?

Severe or “end-stage” arthritis can be caused by a variety of problems including [osteoarthritis](#), [rheumatoid arthritis](#) and other inflammatory joint problems, previous joint injuries and fractures, joint infections and other rare conditions such as [osteonecrosis](#) (also called avascular necrosis). All of these problems result in damage to the cartilage which normally covers the ends of your bones and allows your joints to move smoothly and without pain.

Certain types of arthritis, such as rheumatoid arthritis and other inflammatory types of arthritis, may be best treated by a rheumatologist, who specializes in treatment of these disorders. More common joint problems like osteoarthritis are typically treated by a primary care doctor, a rheumatologist or an orthopaedic surgeon. When medical treatment for arthritis recommended by your doctor becomes less effective, joint replacement surgery may be an option for you. These professionals are better qualified to determine if joint replacement therapy is an appropriate treatment choice for you.



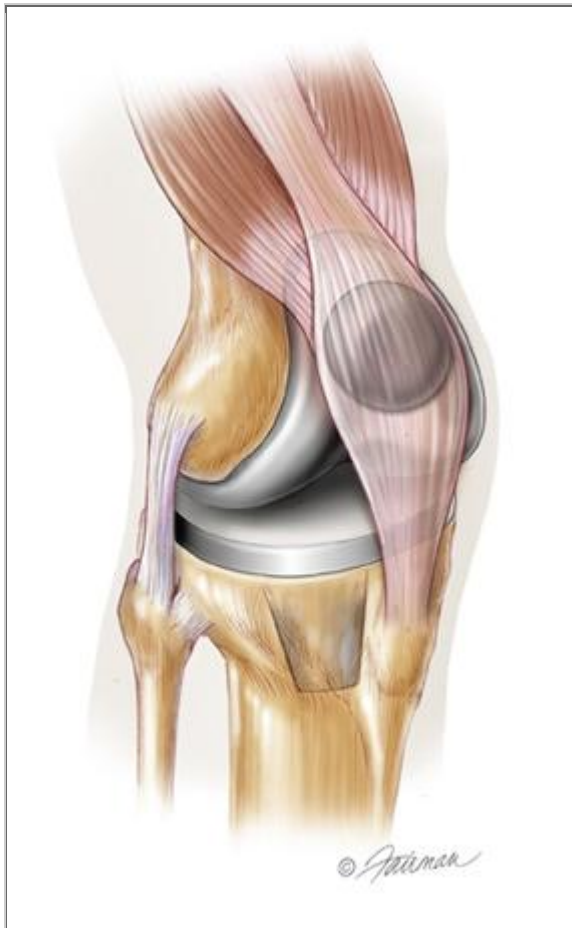
The definition of “appropriate” for total joint replacement surgery changes continuously. In general, there is no set upper age limit for joint replacement candidates. Instead, the decision is perhaps best made based on your general medical condition and fitness for surgery, and how much your arthritis affects your quality of life.

While few patients are in perfect health, most people undergoing joint replacement must be sufficiently healthy or medically “tuned up” to allow their surgery to be performed safely. Before joint replacement surgery, talk to your primary care doctor to insure your health is good enough to undergo the anesthesia and rehabilitation associated with the surgery.



How is the need for joint surgery diagnosed?

For nearly all patients, arthritis or other joint problems that are typically treated with joint replacement surgery can be diagnosed with simple x-rays. Other causes for joint pain should be considered since referred back pain can be easily confused for pain associated with arthritis of the hip or knee, and pain from an arthritic hip can occasionally be referred to the knee. Inflammation of the soft tissue structures around the joint also can cause tendonitis or bursitis which can be confused with the pain associated with arthritis. A careful examination by your doctor and routine x-rays usually can determine the actual cause of your pain.



Prevention

Your need for joint replacement surgery can be minimized by comprehensive medical treatment of your arthritis. Arthritis medications; elimination of joint overloading activities such as running, heavy lifting and impact sports; weight loss; nutritional supplements such as glucosamine and chondroitin; and joint injections can help you live with your arthritis for as long as possible. When these treatments are no longer effective, joint replacement surgery can relieve the pain and restore the quality of life lost due to arthritis.

Despite improvement in total joint replacement surgery, these operations are not likely to last a lifetime in young, active patients with arthritis. In some of these cases, joint preserving procedures such as osteotomies (removal of dead bone and repositioning of bone), joint debridement or “cleanouts,” and cartilage transplantation may be helpful in delaying joint replacement surgery.

Living with joint replacement

Following a relatively short period of recovery after surgery, patients undergoing joint replacement surgery typically return to a high level of activity. Speed of recovery following surgery

depends on your level of activity before surgery, general health and overall physical fitness, degree and duration of physical impairment before surgery, the type of surgery you had, and your expectations and motivation. Physical therapy after joint replacement is very important.

Long term physical limitations after surgery are nearly always due to other orthopaedic or rheumatologic problems (significant arthritis in other joints, chronic low back pain) or major health problems (heart, breathing, other chronic illnesses) rather than due to any limitations of the joint replacement. In general, those undergoing hip and knee replacements can return to unlimited low impact activities such as swimming, water exercise, walking, biking, low impact aerobics, golf, and doubles tennis.



Most orthopaedic surgeons advise against high impact and joint overloading activities that involve heavy lifting, running, and jumping. However, few patients have any significant restrictions of their normal activities of daily living following hip or knee replacement.

Although patients typically obtain a functional amount of motion following hip replacement surgery, occasionally the limits of motion of a total hip replacement can be exceeded, resulting in dislocation out of its normal position. Patient education and understanding of the limitations of total hip replacement, especially regarding the potential for dislocation and range of motion restrictions, can help minimize the occurrence of this complication. Patients should be encouraged to discuss specific limitations and activity restrictions following total joint replacement with their surgeons.

Points to remember

- Total joint replacement should be considered as a possible treatment option only after a reasonable attempt at non-surgical management has been determined to be unsuccessful.
- Talk to your primary care doctor before surgery to insure your health is good enough to undergo the anesthesia and rehabilitation associated with the surgery.
- There are specific limitations and activity restrictions following total joint replacement that should be reviewed prior to treatment.

To find a rheumatologist

For a listing of rheumatologists in your area, [click here](#).

Learn more about [rheumatologists](#) and [rheumatology health professionals](#).

For more information

The ACR Web site also offers information about [osteonecrosis](#), [osteoarthritis](#), and [rheumatoid arthritis](#).

The American College of Rheumatology has compiled the following reference to give you a starting point for your own additional research. The ACR does not endorse or maintain this Web site, and is not responsible for any information or claims provided on it. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

American Academy of Orthopaedic Surgeons
www.AAOS.org

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Written by Matthew J. Kraay, MS, MD, and reviewed by the American College of Rheumatology Communications and Marketing Committee.

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