

My Doctor says that I will know when it is time to replace my knee/hip, but how do I know!?

Unfortunately, there is not a “one size fits all” answer to this question. However, some of the following information may be helpful for you (and your surgeon) when you are deciding if it is time to replace your knee or hip.

Deciding to have joint replacement surgery is a big decision that should not be rushed in to. Most surgeons recommend many conservative treatments prior to finally proceeding with joint replacement surgery. Conservative treatment measures may be able to delay your need for replacement surgery for many years and generally should be attempted prior to electing to proceed with replacement surgery.² The following is a list of conservative treatment options that should be considered and discussed with your surgeon:

- Over the counter pain relievers
- Prescription pain relievers
- Physical therapy
- Injections (cortisone or hyaluronate viscosupplementation)
- Weight loss – Recent evidence suggest losing 14 pounds is associated with moderate to significant reduction in pain levels.¹
- Exercise – Moderate intensity, low impact exercise 5 days per week for 30 minutes can be helpful in decreasing pain in individuals with mild to moderate osteo-arthritis.¹
- Herbal supplements (chondroitin or glucosamine)
- Acupuncture
- Arthroscopic surgery
- Compartment unloading knee braces
- Shoe wedges to unload knee pressures
- Assistive devices (cane, crutches, or walker to unload the painful joint)

If you have tried many conservative measures and are not getting sufficient pain relief, it may be time to consider the more invasive option of joint replacement surgery. There are a multitude of factors to consider when you are deciding when or if joint replacement surgery is in your future. The main factors that play into the timing of joint replacement surgery are your age, your health, your activity level, how much pain you are in, and the level of disability you are experiencing.

- **Age:** Total joint replacement component technology is improving all of the time. However, the metal and plastic components that are used in replacing your joint do not have an infinite life span. If a joint is replaced at an earlier age, then the probability of needing a revision (due to wear) of the joint replacement increases. Current studies are showing that more than 90% of replaced joints are still functional 10 years following surgery. 78% of knee joint replacements are now lasting 20 years. Due to the improvements that continue to be made in the technology of the components, the lifespan of replaced joints may still be increasing.¹

- **Health:** Your general health is one of the greatest predictors of post-operative outcomes. The better your general health is at the time of surgery the more likely you are to have a successful outcome following your joint replacement surgery.³
- **Your activity level:** Activity level plays a role in the expected longevity of the replaced joint components. Participating in higher impact activities is expected to wear the replacement components more quickly than a more sedentary life style.²
- **How much pain you are in:** Pain is the main reason people seek joint replacement surgery. Most people’s instincts are to wait to undergo joint replacement until they absolutely cannot stand the pain anymore. However, “waiting until you cannot stand the pain anymore” is not supported by current evidence. Research suggests that patients who have higher levels of pain at the time of joint replacement surgery have less favorable outcomes following surgery than those patients who underwent surgery before their pain and level of disability became severe.⁴
- **Level of disability:** Patients with more pain, lower self reported level of function, and lower functional test scores have poorer outcomes following total knee replacement than those with higher scores.⁵ Likewise, studies have shown functional performance at the time of knee replacement surgery predicts functional performance after knee surgery. Therefore, if a patient postpones knee surgery until he cannot stand the pain, the concurrent decrease in function will likely impact his long-term functional outcome.⁴

How limited is your function?

Rating your current level of function on the following chart may help you think about how much your pain is inhibiting your daily activities.

Activity	No limitation	Mild limitation	Moderate limitation	Severe limitation
Usual work or house work				
Hobbies, recreational activities				
Sporting activities or exercising				
Kneeling				
Squatting				
Going up/down stairs				
Carrying objects				
Grocery shopping				
Walking between rooms				
Walking a mile				
Standing in line				
Getting in/out of a car				
Walking on hills or uneven surfaces				
Getting up/down off of a chair/toilet				

Getting up/down off of the floor				
Getting in/out of bed				
Sleeping				
Bending				
Tying your shoes				
Gardening/Yardwork				

If you have marked the majority of these items in the moderate to severe limitation categories and you have not gotten sufficient pain relief from attempts conservative treatments, it is probably time to be considering joint replacement surgery. KneeReplacement.com has an online quiz that may help you make your decision as well.

If you are leaning towards replacement surgery there are some other factors to consider before you make your final decision:

Recovery:

Joint replacement surgery is a major surgery and will require several months of recovery and rehabilitation before you will be able to fully resume your normal activities. Are you prepared to limit your activities for a few months while you recover from surgery? Do you have help from friends and family to assist in taking care of you when get home from the hospital or are you prepared to possibly be admitted to a skilled nursing facility until you are able to care for yourself? Are you willing to commit to working hard and enduring some discomfort during the rehabilitation process to maximize your chances for a successful recovery following surgery?

Risks of hip and knee joint replacement surgery:⁵

- **Lack of good ROM.** After surgery, some people cannot bend the joint enough to do their daily activities, even after several weeks of therapy. Subsequent manipulation surgery may be required.
- **Dislocated knee cap or hip.** These complications are not common, but may require another surgery to correct the problem.
- **Blood clots.** These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. Risk of blood clots increase with age and are more common in people who are very over weight, people who have had blood clots before, and in people who have cancer.
- **Wound healing problems.** This is more common in people who take steroid medications or who have diseases that affect the immune system (diabetes, rheumatoid arthritis).
- **Infection.** Infection is a risk of any surgery. There is a risk of infection any time an artificial substance is put into the body. However, infection is rare and a multitude of medical protocols are in place to keep this risk as minimal as possible.

- **Instability of the joint.** The replacement joint may be unstable or wobbly if the replacement parts are not properly aligned. You may need a secondary surgery to correct the problem.
- **The usual risks of anesthesia.** Anesthesia has some inherent risks. However, problems from anesthesia are not common, especially in people who are in good general health.

Deciding when it is time to have joint replacement surgery is a multifaceted decision. Personal preferences, pain, joint range of motion, level of disability, social support, activity level, age, and general health all need to be factored into your decision to have joint replacement surgery. Ultimately, after considering all of these factors you will be able to make an educated decision and “you (and your surgeon) will know when it is time to have joint replacement surgery.”

References:

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