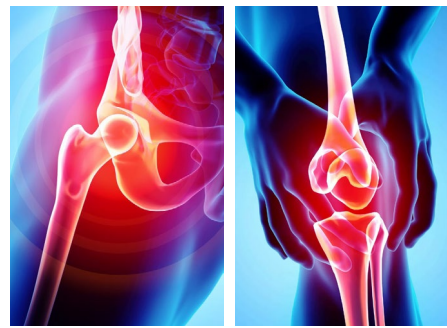


# Helpful information for those considering having a hip or knee replacement



## What are the non-surgical treatments for arthritis of the hips and knees?

Hip or knee osteoarthritis usually causes pain and stiffness of the affected joint. The pain will wax and wane and is often worse after walking or prolonged standing. There are a number of treatments that can be tried first. These include weight loss, heat packs, simple pain relief like Panadol or Panadol Osteo. Panadol Osteo has the same active ingredient as Panadol but in larger amount in each tablet. So to have the maximal safe amount of daily dose, you only need 6 Panadol Osteo tablets instead of 8 Panadol tablets. Anti-inflammatory tablets such as Brufen, Voltaren, Advil, Mobic and Celebrex can be added to the Panadol regularly. Specific muscle strengthening exercises as instructed by a physiotherapist can also help with your mobility. Occasionally, when short term pain relief is required, for example, for a short trip, cortisone injections can be tried. There are other injections that may help in the early stages of arthritis such as hyaluronic acid and platelet rich plasma injections.

## When should you consider having surgery?

In general, if you have tried all the treatment mentioned above and you are still having a lot of pain that you are not prepared to live with, that's when you should consider surgery. There are other ways to tell that it is the right time to have surgery. These include being waken up at night by pain, not being able to perform your work duties, or not being able to walk far enough to do what you need day to day and especially if you cannot walk for 1km without stopping.

Occasionally, when severe stiffness, instability or deformity is present, surgery maybe reasonable to consider even with minimal pain.

X-rays and MRIs may add to your decision but sometimes the amount of pain is not proportional to how bad the X-rays or MRI looks. So having a set of bad looking X-rays or MRI doesn't mean that you must have surgery.

Age itself is not a barrier to have a joint replacement. Sometimes even patients over 90 years of age can safely undergo a joint replacement with the right technique and support. Patients under 50 years of age may also be an appropriate candidate for a joint replacement so that they can reduce the amount of pain killers they take, resume work and leisure activities. The current technology means that the joint replacements are lasting longer than the ones from 30 years ago.

## How should you prepare yourself?

Having a joint replacement is a major undertaking and everything should be done to minimise the risks. Reducing your weight to a reasonable level (BMI <40 or even better to BMI <35), controlling your diabetes (HbA1c <7), making sure that you are not anaemic (low red cells), stopping smoking for at least 6 weeks, taking care of your dental or prostate problems before surgery, clearing any skin rashes from toes to groin on the operation side, and protecting your skin and not get any scratches before surgery. This means that you should avoid going into the garden or playing with your pets for the preceding two weeks.



## What can you expect after the surgery?

After your joint replacement, you generally stay in the hospital for 1 night. The physiotherapists will teach you how to use crutches to walk and to go up and down stairs before you go home. Rehabilitation in your home can be arranged at home after discharge depending on your health fund. Going to a rehabilitation hospital may be suitable for those who are very frail or elderly. This can be assessed after the operation. If you live alone, you should prepare for going home by having prepared meals in the freezer and having someone stay with you or be available to assist for the first week.

You may need to use a pair of crutches for 2-6 weeks after surgery. You are generally fit to drive 6-8 weeks after a right leg surgery or 2 weeks after a left leg surgery. By 3 months, you should be able to walk normally and comfortably. Whilst you are recovering, it is important that you take enough pain relief to allow you to do exercises comfortably and to apply ice regularly to reduce swelling.

## Risks and complications

In general, patients having hip or knee replacements have an 80% chance of an excellent result with a pain-free, well-functioning and trouble-free joint replacement. One tenth of the patients are a lot better than before the surgery but they may not be as good as they had hoped for because of minor irritations, clicking, stiffness or discomfort. One tenth of patients are unfortunately unhappy because they may still have pain or stiffness or they may have a complication. Complications can include infection (1-2%), blood clots in the calf (<5%) or in the lungs (<1%), nerve or blood vessels injuries (<1%), heart attack (<1%), stroke (<1%), fractures (<1%) and dislocation (1-2%) or unequal leg length in the case of a hip replacement. Patients undergoing hip or knee replacements have a <1% per year revision rate, ie if you live for another 30 years, there is a <30% chance that you will need to have the joint re-done.

## Living with your joint replacement

Your joint replacements are partly made of metal and will set off metal detectors at the airports. Usually, you will get an additional scan with a handheld scanner.

It is safe for you to have a MRI after a joint replacement but the area around the joint replacement will be blurry.

Antibiotics may be required before your dental and other procedures to prevent causing infections of your joint replacements.

Deciding to proceed with a joint replacement is a major undertaking. Take your time to think it over and discuss it with your family before you make the decision.

Please make an appointment to discuss any questions you have with specialist orthopaedic surgeon Associate Professor Raphael Hau on 9890 2300.

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