

Orthopaedic Connection

Why Can't a Total Knee Be Like a Total Hip?

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We seem to be spending a lot of time talking about knee arthritis and total knee replacements. It is because there is so much for you to know and so much misinformation I would like to correct.

Those of you who will stay with us are guaranteed to practically have a master's degree in Orthopaedic knowledge, eventually!

Today's topic grew out of an E-mail from a patient who had a hip replaced first and then had undergone a knee replacement. The message was he liked the hip replacement much more than the total knee replacement.

I have often said that if Dr. John Charnley, the British Orthopaedic Surgeon who developed total hip replacement had chosen the knee to work on first he would have given up in despair. Why? Because the knee joint is so much more complicated than the hip. I'm referring to the workings of the knee joint itself compared to the relatively simple hip ball and socket joint.

The European biomedical engineers and Orthopaedic Surgeons, chiefly John Charnley had been successfully doing total hip replacements for several years. Then interest shifted down to another large joint frequently affected by arthritis. I don't think they were ready for how difficult it is to make an artificial knee work like its natural predecessor.

As a group, total hip replacement patients have an easier time after surgery and tend to be happy with how things turned out. For many (perhaps most) total knee patients it is a struggle to get their strength and range of movement to the point where they are well satisfied. Not just my patients, it goes for all surgeons doing total knees.

The knee is complex in its structure and it is out there in the middle of the leg with only ligaments around it to support it. Stresses on it are much greater and it is a much more frequently injured joint. As arthritis develops in the knee the tissues undergo massive changes not just the joint surfaces. They become thick and swollen and tight, often preventing the knee from fully straightening (flexion contracture as doctors refer to it). When arthritis progresses, the knee often becomes bowed and misshapen. Add to all of this the fact that patients put up

with this misery for a very long time before seeking help. See last week's article about "Knee Arthritis in Women".

It is very important to try to educate the patient about the knee arthritis process and what is going on in their knee. If we don't do this, as the saying goes, "they don't have a clue".

At surgery of course, you are only replacing the knee joint surface. All of the person's tissue structures affected by the arthritis are still there and necessary to hold the knee together. So you have done this very big operation on this very arthritic joint with bad tissue still there after surgery and the person wonders after surgery why the knee "still hurts". Fortunately for most patients it does calm down eventually, but for some patients it continues to hurt and not be what they expected. There are far more total knee patients who say "it just still hurts" than total hip patients. We don't just tell these knee patients to live with it. We do everything we can to investigate possible causes for the pain. It's very disappointing for the patient, their family and the surgeon.

I don't want to deter anyone who may need a total knee replacement from having one. It is a very good operation for patients with bad knee arthritis. Many of my most grateful patients have had LCS Total Knees and are very happy they did. There are just some major differences between hips and knees that need to be acknowledged.

It might be helpful to check out two articles on www.orthopodsurgeon.com. ***Total Knee Replacement, LCS Mobile Bearing Knee*** and ***Doc, My Knee Still Hurts, Dr. Haverbush's perspective on Total Knee Surgery.***

Be well.

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