

Orthopaedic Connection

Before Total Knee Replacement

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Transforming patient information into patient understanding.

Total Knee Replacement surgery has become an operation that all patients have at least some knowledge. Total Knee Replacement is done much more often than hip replacement at this time. There are lots of reasons for this that I won't get into.

Your Bad Knee

If you are a patient with an arthritic knee, there is more going on than the bones coming closer together. Like what? Well you don't get knee arthritis overnight. In most of our patient it takes years to get to the point when you might consider total knee replacement.

During this time of course the bones are coming closer together because the articular surface cushion is wearing out. The tissues (capsule and ligaments) begin to contract and stiffen almost always decreasing range of motion. Limping results because the knee won't completely straighten any more in addition to the pain a person has.

The knee becomes larger because the surrounding knee tissues become boggy and somewhat swollen. Joint fluid builds up too.

If that wasn't enough bad news, the muscles begin to lose strength and atrophy because of all that is happening.

I think if patients could realize everything that is going on and affecting knee function, they might consider Total Knee Replacement sooner than they typically do.

When the knee deteriorates past a certain point it is harder to get a good result from a Total Knee Replacement. The result that does occur may take the patient a longer time to recover.

I realize that you as patients want to put off surgery as long as possible, but you do pay a price for waiting.

Everyone knows that there are a certain percent of patients who have a Total Knee Replacement that are disappointed with the result. One of the reasons for that could be waiting too long to have the replacement.

What To Do?

Well from what I have already said, don't wait too long.

In addition there is an emerging program called Comprehensive Prehabilitation. The purpose of this program is to improve strength, possibly increase range of motion and increase overall functional ability.

How?

- Light resistance exercise training
- Flexibility
- Step exercises
- Light walking
- Balance

Patients who exercise for 4 – 8 weeks before Total Knee Surgery were stronger and did better getting up from sitting, walking and climbing stairs.

Studies have shown there is no question that prehabilitation improves chances of having a better outcome and being more satisfied with the result of surgery.

Moving Is All Important

The knee's pre-surgery range of motion is an important predictor of the post surgery result. So if your fitness can be optimized before surgery in your particular situation you have the best chance of a successful outcome.

I fully realize this is not as easy as it sounds because patient's arthritis has caused them to slow down and their activity level has declined.

It is a different way of looking at Total Knee Replacement, but it has been proven over time to speed recovery and provide the best outcome of your surgery.

You will need some help to do this, but it will be worth it in the long run.

My patients put their trust in me and what I do improves the quality of their lives.

Office Website and Gratiot County Herald Archive

What if there was a whole world of musculoskeletal information at one place? There is!

www.orthopodsurgeon.com opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous GCH articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush