

## **"Doc, My Knee Still Hurts"**

There is an article on my office website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) that covers my perspective on total knee surgery. I realize everyone can't go to the website so I wanted to present some of the information here in an abbreviated form. It may take two weeks, but it will be worth it. Here we go.

A patient should understand before surgery that total knee replacement is a unique procedure, as unique as the knee is from other joints in the body. The knee is a very complicated joint with many parts and is much more complicated than the hip for example. Total knee replacement is a wonderful procedure that can relieve most of the patient's pain and sometimes all of the pain. But everybody doesn't get relief of all of their pain.

### **Why not?**

At surgery you replace the knee joint surface. All of the supporting tissue structure that controls the knee is still there to hold it in place. These tissue structures are tremendously affected by the arthritis process in addition to the bone, but it is not something the patients think about if we don't educate them about it.

Not only is the bone worn and rubbing together with spurs etc., but the ligaments, tendons and muscles are very sick and affected by the arthritis process. The knee is often tight, swollen and won't straighten out completely.

Most of a person's "arthritis tissue" remains after surgery and to some extent is affected by the surgery itself.

All of this supporting tissue structure has to get better, to the extent it is able to improve, for the person's knee to get "back to normal".

All of this supporting tissue is packed with nerves (ouch) and blood vessels (swelling) which are what causes the pain and swelling after surgery and before surgery for that matter. To think about it in another way you take this old jalopy that has a bad motor (motor being equivalent to the inside part of the knee) and a car body that is pretty beat up (supporting tissue structure) and you put a shiny new motor in (total knee replacement). Beat up car body and chassis remain (that is the tissue structures are not replaced). Add a new motor (inside joint surface).

**The patient expects to have a new car, but only has a new motor. Are you beginning to get the point?**

Add to this the huge variability of degrees of knee arthritis disease, body shapes, weight, personal reaction to pain and surgery and age.

The spectrum of arthritis of the knee as a disease and the variability in the patients that we treat is very great.

Any patient not doing as well as they had expected compare their course with someone they heard about last week who only took two pain pills and was using a cane in one week.

We hear stories like this a lot.

Patients who are very honest in assessing their situation describe what they feel after surgery as a hurt or soreness different from their postoperative pain. Postoperative discomfort is often worse after they over do activities.

We are going to continue our discussion next week. Please come back for part two.

All Orthopaedic Surgery problems including knee arthritis can be evaluated by Dr. Haverbush at the Lakeview Community Wellness Center in Lakeview or at the office in Alma at 315 Warwick Dr., Alma, Michigan.

Please call 989-463-6092 for information or to schedule an appointment.

Future Lakeview Community Wellness Center Clinic dates are December 19, 2008, January 2, 2009 and January 16, 2009

Please don't forget there is a wealth of accurate information about all the Orthopaedic conditions I treat on the office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). Please log on and check it out.

We are happy to answer questions from readers. You can e-mail me at [orthopodsurgeon@hotmail.com](mailto:orthopodsurgeon@hotmail.com) or write to me at 315 Warwick Dr., Alma, Michigan 48801.

Our goal is simple - To help people return to more pain free functional lives.

Be well.

Dr. Haverbush