Joint Replacement? Part 2

Studies show that better outcomes are associated with the volume of cases of both the individual surgeon and the hospital. by Joel Hirschberg, MD Medical Director, Arthritis Education Program Eisenhower Medical Center

Osteoarthritis is the most common precursor for total joint replacement surgery. Sometimes referred to as “degenerative” or “wear and tear” arthritis, it is caused by the wearing away of cartilage covering the bone ends of joints. As the condition progresses, there is increasing pain, stiffness and lack of mobility. All joints may be affected, but the most commonly affected joints are the hip and knee.

When other treatments are no longer effective and severe pain is limiting the ability to use a joint, an orthopedic surgeon can help patients decide if joint replacement surgery is appropriate for them.

It is important to understand what the procedure can and cannot do. Consultation with the surgeon should include a discussion about the potential risks and limitations of surgery, and whether or not the patient is likely to achieve the desired outcome in terms of pain relief and activity level. Another important consideration is the number of procedures a surgeon has performed, since studies show that better outcomes are linked to the volume of cases of both the individual surgeon and the hospital.

If the decision is made to proceed with joint replacement, there are a variety of implant products and techniques that can be used based on individual circumstances. The materials used are designed to allow the joint to function as much as possible like a natural joint.

The prosthesis is generally composed of two parts: a metal piece that fits closely into a matching sturdy plastic piece. Several metals are used, including stainless steel, titanium or alloys of cobalt and chrome.

The plastic (polyethylene) material is durable and wear resistant. Some newer implants are made of a special type of ceramic material that reduces the friction and wear on the joint.

While there have been significant advances in the materials used in joint replacement over the past four decades, advances in surgical techniques have been equally impressive. For example, a growing number of surgeons now use sophisticated imaging equipment and computer-assisted systems to help align the patient’s bones and the implants with a degree of accuracy not possible to achieve with the naked eye.

Minimally-invasive surgery (MIS) is another comparatively recent innovation. The technique uses a 6 to 10 centimeter incision causing less trauma to the surrounding tissue and muscle than conventional surgery. The typical result is less post-operative pain, a shorter hospital stay — with some patients returning home just hours after the procedure — and faster rehabilitation time.

Every year, as materials and surgical techniques continue to improve, joint replacement surgery provides years of pain-free living to thousands of people with osteoarthritis and other debilitating conditions. For more information, visit www.emc.org, and under Centers of Excellence, click on Orthopedics, and then click on Eisenhower Joint Replacement Center, or call the Center directly at 760-773-4545.

EVENTS MOANS, GROANS AND ARTHRITIC BONES March 17, 1:30 to 3 p.m. Joel Hirschberg, MD Call 760-773-1578 for information or reservations. Annenberg Center for Health Sciences at Eisenhower.