



Arthritis Talks: Joint Surgery 101

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Presenters



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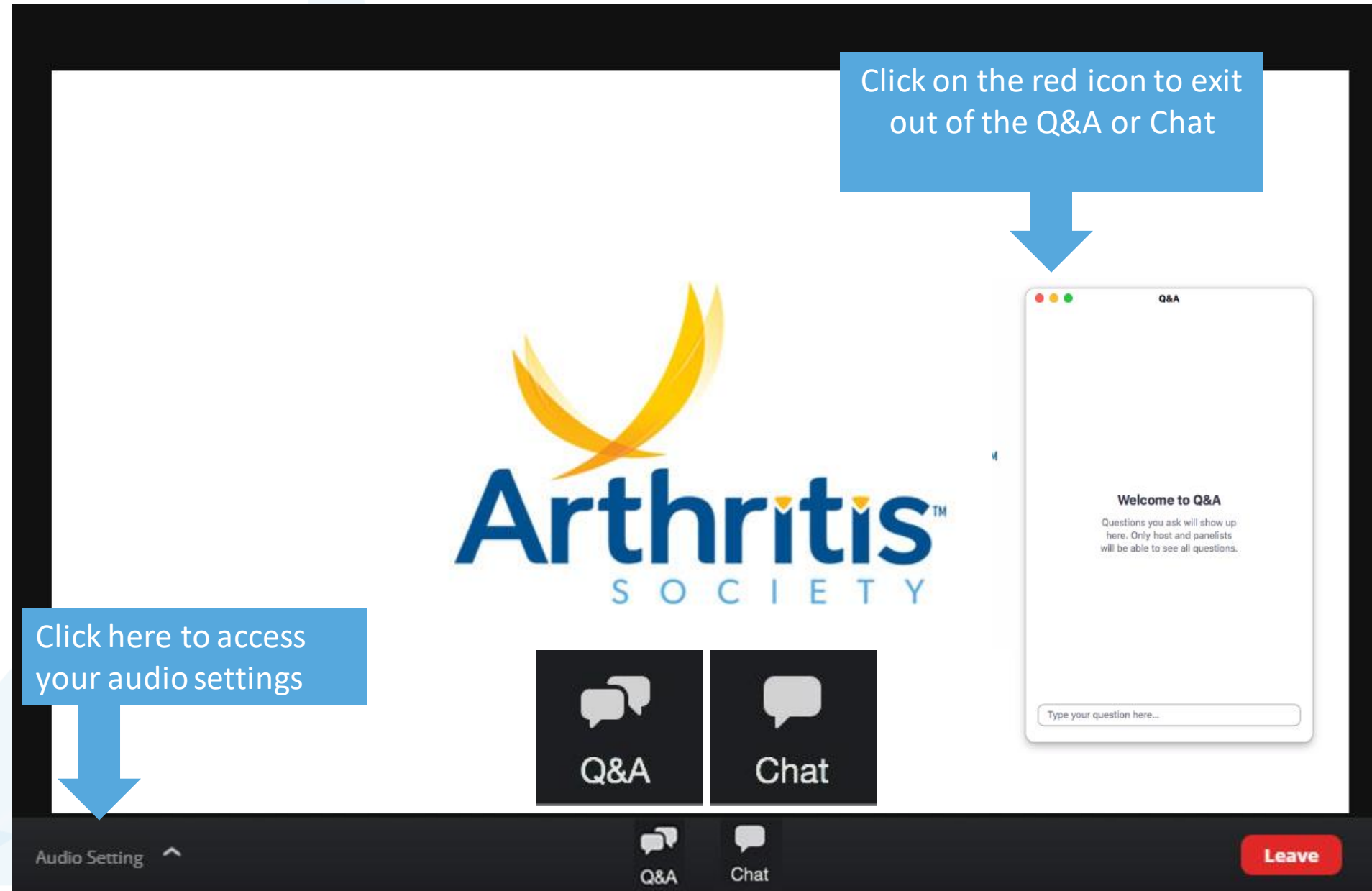


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Nurse Educator
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Webinar tips

- ▼ Use the **Q&A** section to ask the presenters your questions. Some of the questions will be chosen for the live question period at the end of the webinar.
- ▼ Click on the **Chat** box to connect with other participants and the Arthritis Society's chat moderator.
- ▼ If you have further issues, email arthritistalks@arthritis.ca



Overview

[1]

Surgical decisions



[2]

Expectations and complications



[3]

What you can do



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Q

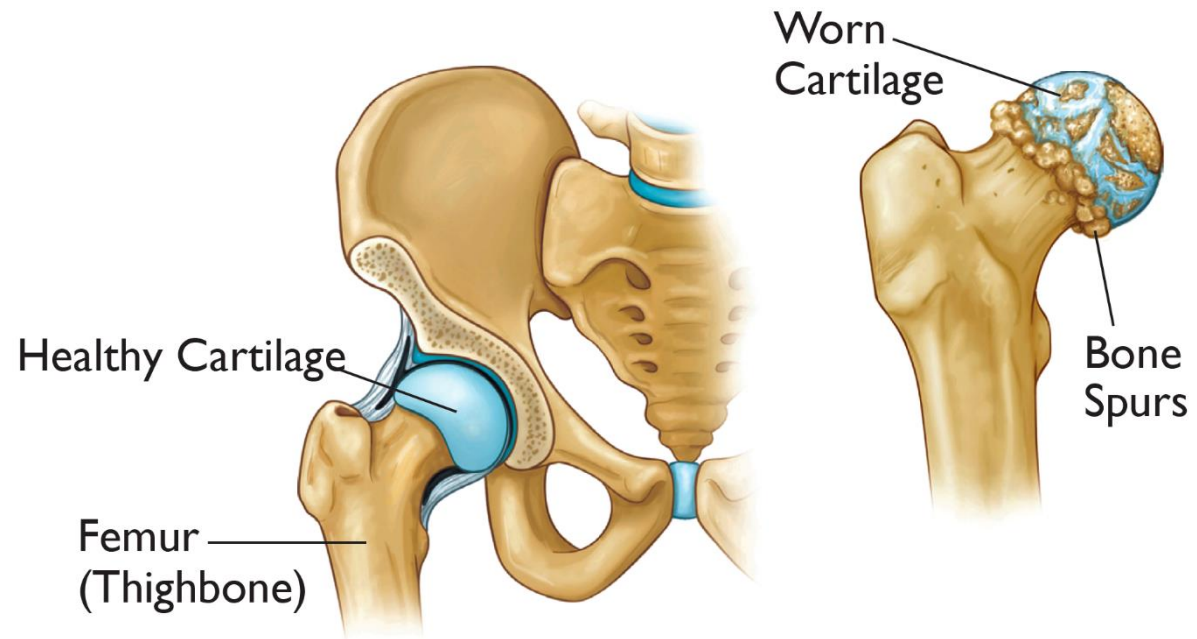
How does someone determine if joint surgery is the best option for them?



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What is arthritis?

- ▼ Inflammation of one or more joints
- ▼ Most common is osteoarthritis, or “OA”
- ▼ Cartilage covering the ends of the bones where they meet wears away



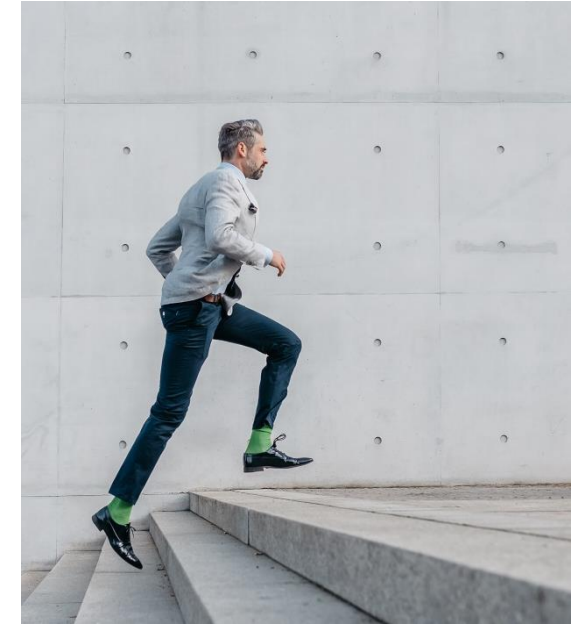
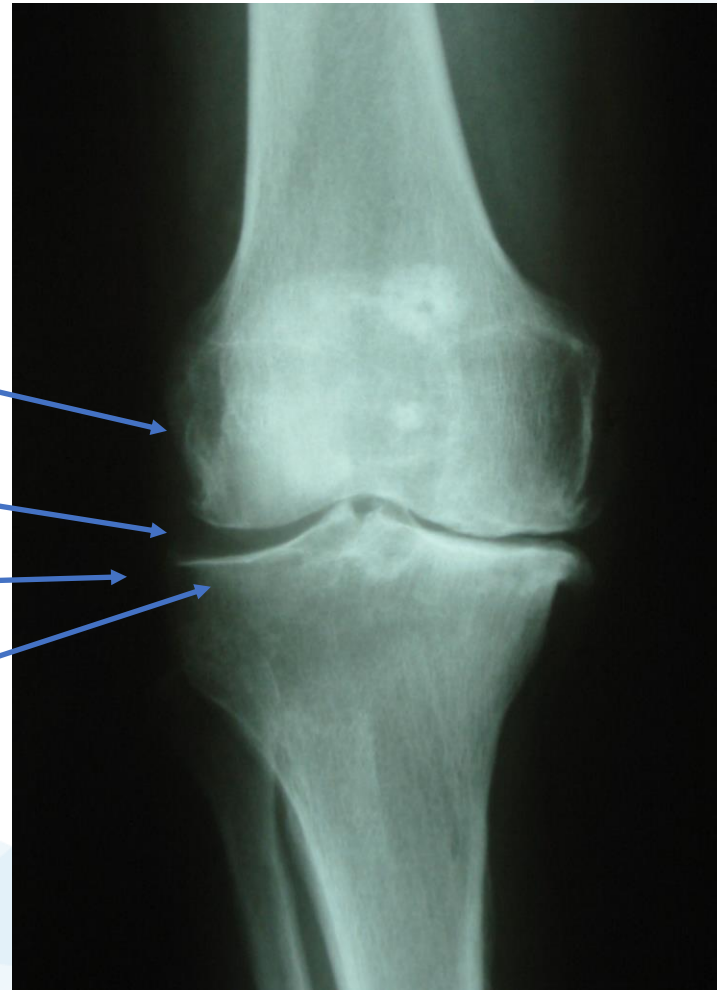
Osteoarthritis can wear away the cartilage in your hip joint.

Taken from:
<https://orthoinfo.aaos.org/>



Why does it feel like I'm in so much more pain than my x-rays show?

Poor correlation between x-rays and symptoms



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What to do?





What non-operative options are there for treating arthritis?

Education

Weight management

Exercise and physical
therapy: You won't
damage your joint

Walking aids: Braces,
cane, walker

Medications:
Acetaminophen
(Tylenol), NSAIDs (Advil,
Aleve, Celebrex, etc.)

Topical NSAIDs:
Voltaren cream, etc.

Injections: Cortisone,
synthetic joint fluids

GLA:D Program

The GLA:D™ Canada Program: What is it?

GLA:D™ Canada is an 8-week education and exercise program for those with stiff and/or painful knees and/or hips, or those with knee and/or hip osteoarthritis. Research from GLA:D® in Denmark shows participants report less pain, reduced use of pain killers, fewer individuals on sick leave, and being more physically active.

GLA:D™ CANADA IS MADE UP OF 3 PARTS:



2-3 Education Sessions



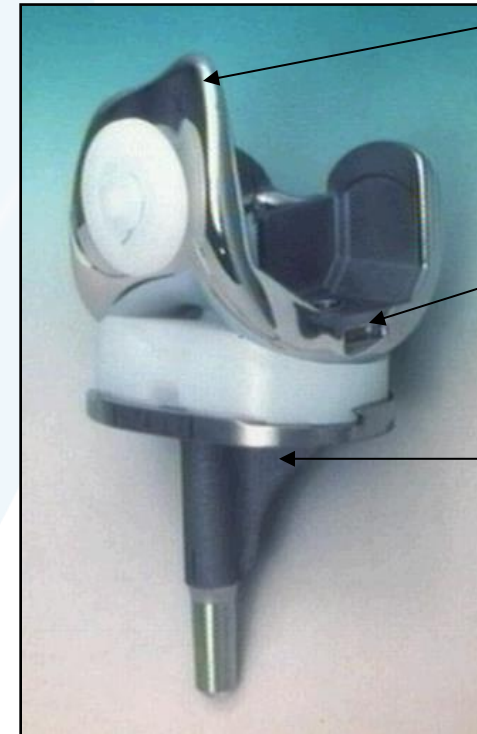
Data Collection for Quality Monitoring



12 Neuromuscular Exercise Sessions

Visit gladcanada.ca for more information.

Surgical management: Total Knee Replacement “TKR”



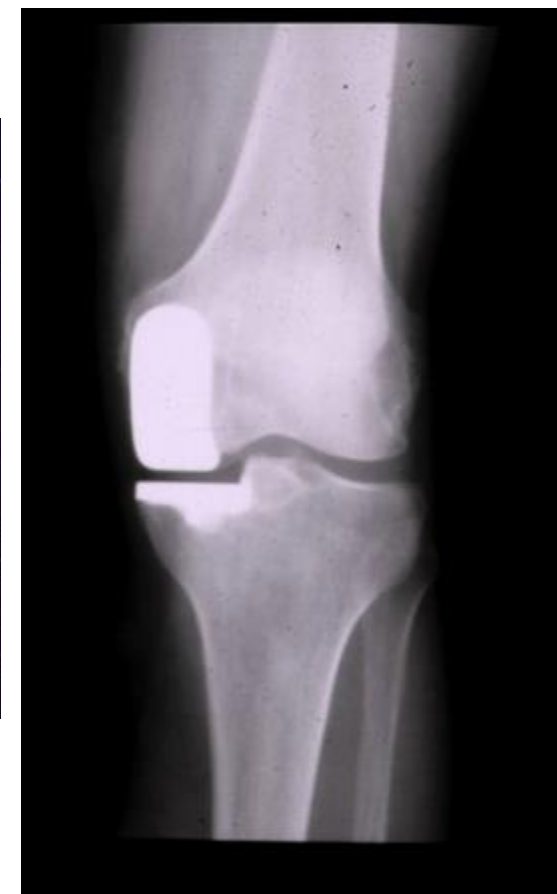
CoCr

UHMWPE

Titanium

Indications: Failure of non-operative management + informed decision-making process

Surgical management: Unicompartmental Knee Replacement “Uni”



Indications: >60 years, <180 lbs., minimal deformity, low demand

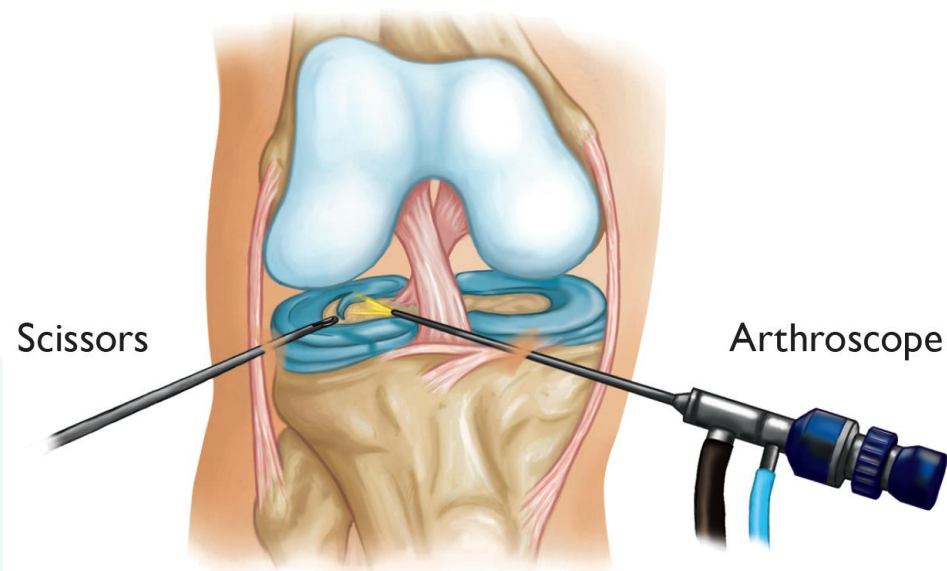
Surgical management: Total Hip Replacement



Indications: Failure of non-operative management + informed decision-making process

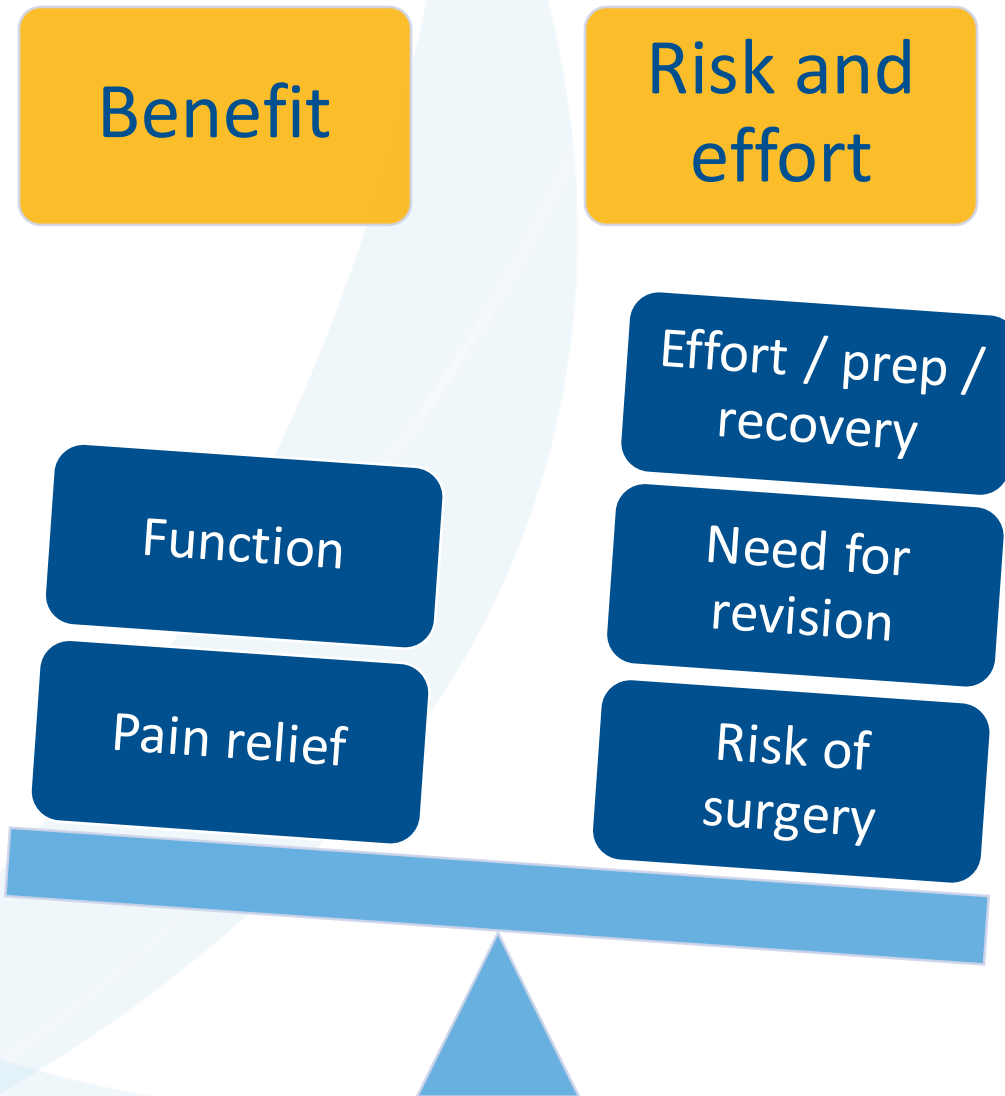
Surgical management: Arthroscopy

**NOT recommended for
osteoarthritis!**



The surgeon inserts miniature scissors to trim the torn meniscus.

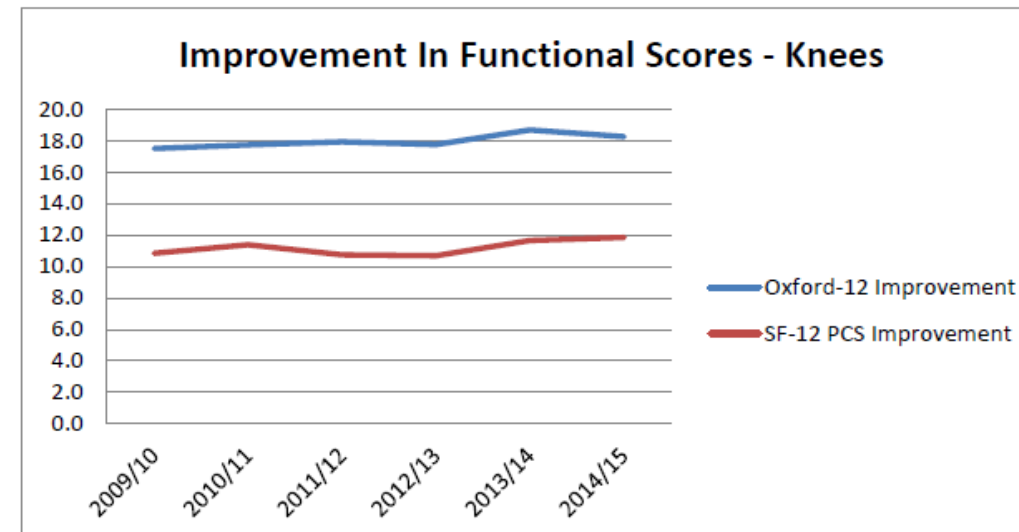
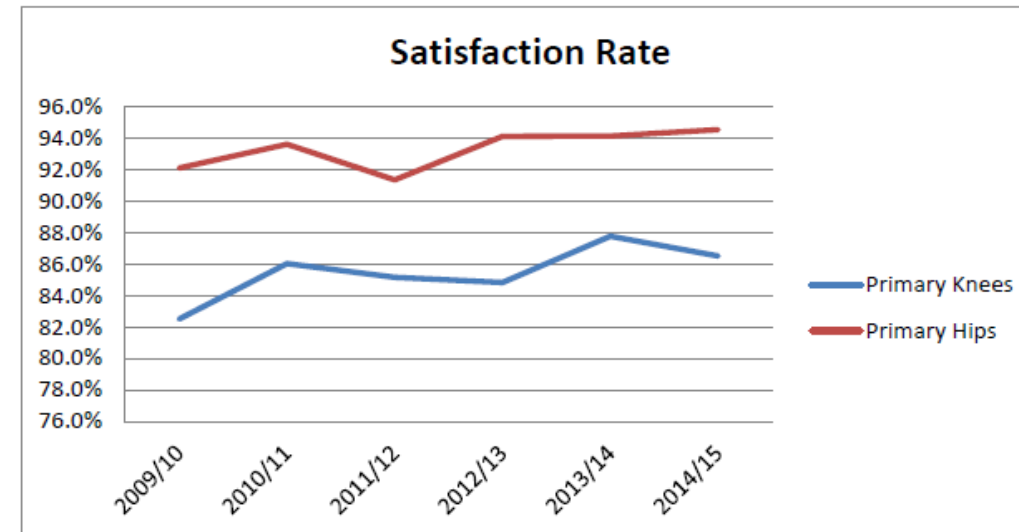
Decision-making process



Benefit: Satisfaction with results of surgery



Patient Outcomes At 1 Year - Region



Expectations of surgery?

Quality of Life Research (2020) 29:705–719
<https://doi.org/10.1007/s11136-019-02359-7>

Patient expectations and satisfaction 6 and 12 months following total hip and knee replacement

Barbara L. Conner-Spady¹  · Eric Bohm^{2,3} · Lynda Loucks³ · Michael J. Dunbar⁴ · Deborah A. Marshall¹ · Tom W. Noseworthy¹

Top 5 expectations:

1. Pain relief
2. Mobility
3. Walking
4. Physical activities
5. Daily activities



Expectations met: Percentage

Expectations	Hip replacement	Knee replacement
Pain relief	95%	79%
Mobility	95%	82%
Walking	87%	77%
Physical activities *	85%	68%
Daily activities	86%	74%
Sleep	92%	85%
Leisure	86%	80%
Quality of life	90%	78%
Stairs	84%	72%
Self-care *	88%	59%
Well-being / mental health	94%	85%
Medications	89%	81%

Expectations met: Percentage

Expectations	Hip replacement	Knee replacement
Sit / stand	83%	76%
Work	95%	78%
Walk without limp	86%	82%
Walk without aids	90%	70%
Health	83%	81%
Balance	87%	63%
Weight loss*	67%	50%
Kneel / squat*	100%	32%
Driving	54%	77%
Other joints	92%	88%
Sexual activity	100%	100%
Alignment	83%	86%

Effort required by patient for a successful outcome

Pre-operatively

- ▼ Susan will cover

Post-operatively

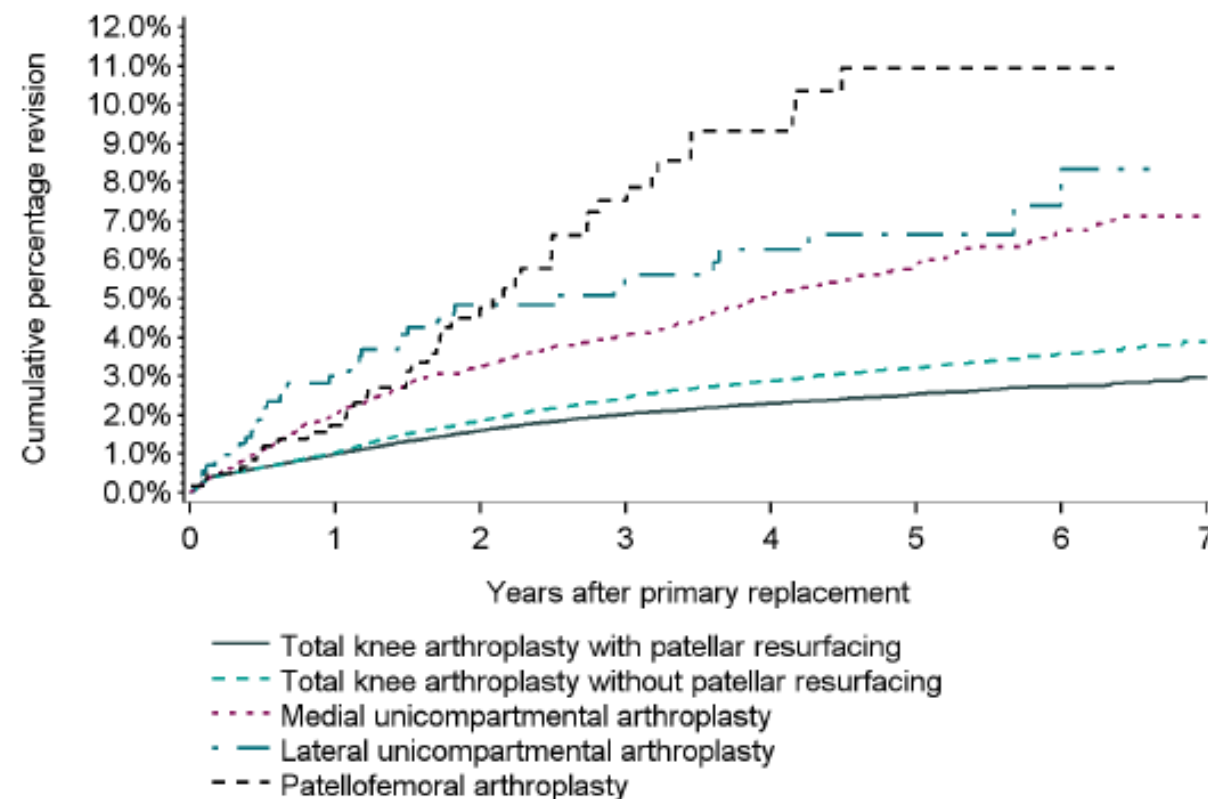
- ▼ Exercise!!!
- ▼ It's painful!
- ▼ It takes a lot of effort and time!
 - Initial recovery:
 - Hip = 6 months
 - Knee = 12 months
 - Final recovery: 2-3 years



What are the risks of surgery?

- ▼ Infection
- ▼ Damage to arteries / nerves
- ▼ Stiffness – manipulation
- ▼ Leg-length inequality
- ▼ Dislocation
- ▼ Blood clots
- ▼ Blood transfusion
- ▼ Longevity of implants
- ▼ Medical complications

Figure 8 Cumulative percentage revision for primary total and partial knee replacement, by type of procedure (primary diagnosis of degenerative arthritis), 2012–2013 to 2018–2019



HR — adjusted for age and sex

Total knee arthroplasty without patellar resurfacing versus Total knee arthroplasty with patellar resurfacing

HR = 1.19 (1.12–1.26), $p < 0.0001$

Medial unicompartmental arthroplasty versus Total knee arthroplasty with patellar resurfacing

HR = 1.92 (1.73–2.14), $p < 0.0001$

Lateral unicompartmental arthroplasty versus Total knee arthroplasty with patellar resurfacing

HR = 2.39 (1.70–3.24), $p < 0.0001$

Patellofemoral arthroplasty versus Total knee arthroplasty with patellar resurfacing

0–1 years: HR = 1.42 (0.71–2.51), $p = 0.273$

1 year+: HR = 3.84 (2.64–5.36), $p < 0.0001$

Notes

HR: Hazard ratio.

p: p-value.

Sources

Canadian Joint Replacement Registry (Ontario, Manitoba and British Columbia only), Discharge Abstract Database and National Ambulatory Care Reporting System, 2012–2013 to 2018–2019, Canadian Institute for Health Information.

Hip and Knee Replacements in Canada

CJRR Revision Risk Curves, 2018–2019

Data Tables

How to decide?

Benefits > Effort + Risk + Need for Revision



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Q

What are the different types of surgeries available to people living with arthritis?





Specific questions

Timing of surgery

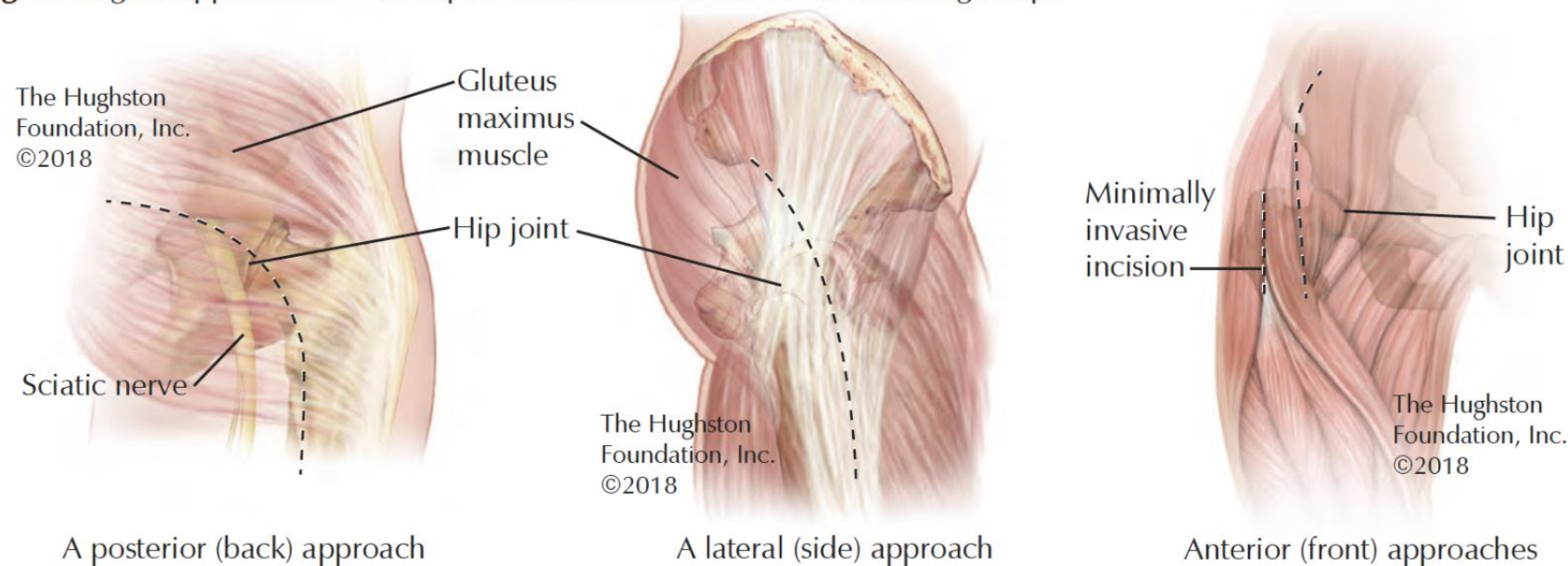
- ▼ Now before it's too bad?
- ▼ Now when I'm healthy?
- ▼ Are there limits?

Recovery after surgery

- ▼ It's painful
 - Acetaminophen/NSAIDs/opioids
 - Be aware of this
 - Everyone's pain is different
- ▼ Knee: 12 months; Hip: 6 months
- ▼ 2-3 years for final result
- ▼ Return to work 6–24 weeks

Specific questions: Surgical approaches to the hip

Fig. 3. Surgical approaches to the hip. Dotted line shows incisions on the right hip.



Each approach has benefits / drawbacks

Final result after one year the same

Pick your surgeon and let them use the approach they are comfortable with

<https://hughston.com/wellness/surgical-approaches-to-knee-and-hip-replacement/>



Questions from registrants: Foot and ankle arthritis

- ▼ Decision-making process similar to hip / knee replacement surgery
- ▼ Operations can include:
 - Removal of bone spurs (osteophytes) to improve range of motion (big toe)
 - Fusion of arthritic joints
 - Re-alignment (for example, bunion surgery)
 - Joint replacement (ankle)

Questions from Registrants

- ▼ Hip or knee replacement first? → Hip
- ▼ Hip replacement for knee pain? → Yes, on occasion
- ▼ Anti-embolic stocking post-op? → Rarely anymore
- ▼ Slowing the progression of arthritis? → Weight management + activity
- ▼ Minimally invasive surgery? → Marketing for the U.S.
- ▼ Balancing advice from your surgeon vs. the internet? → Important
- ▼ Implant sizes? → Done pre-op and confirmed intra-op

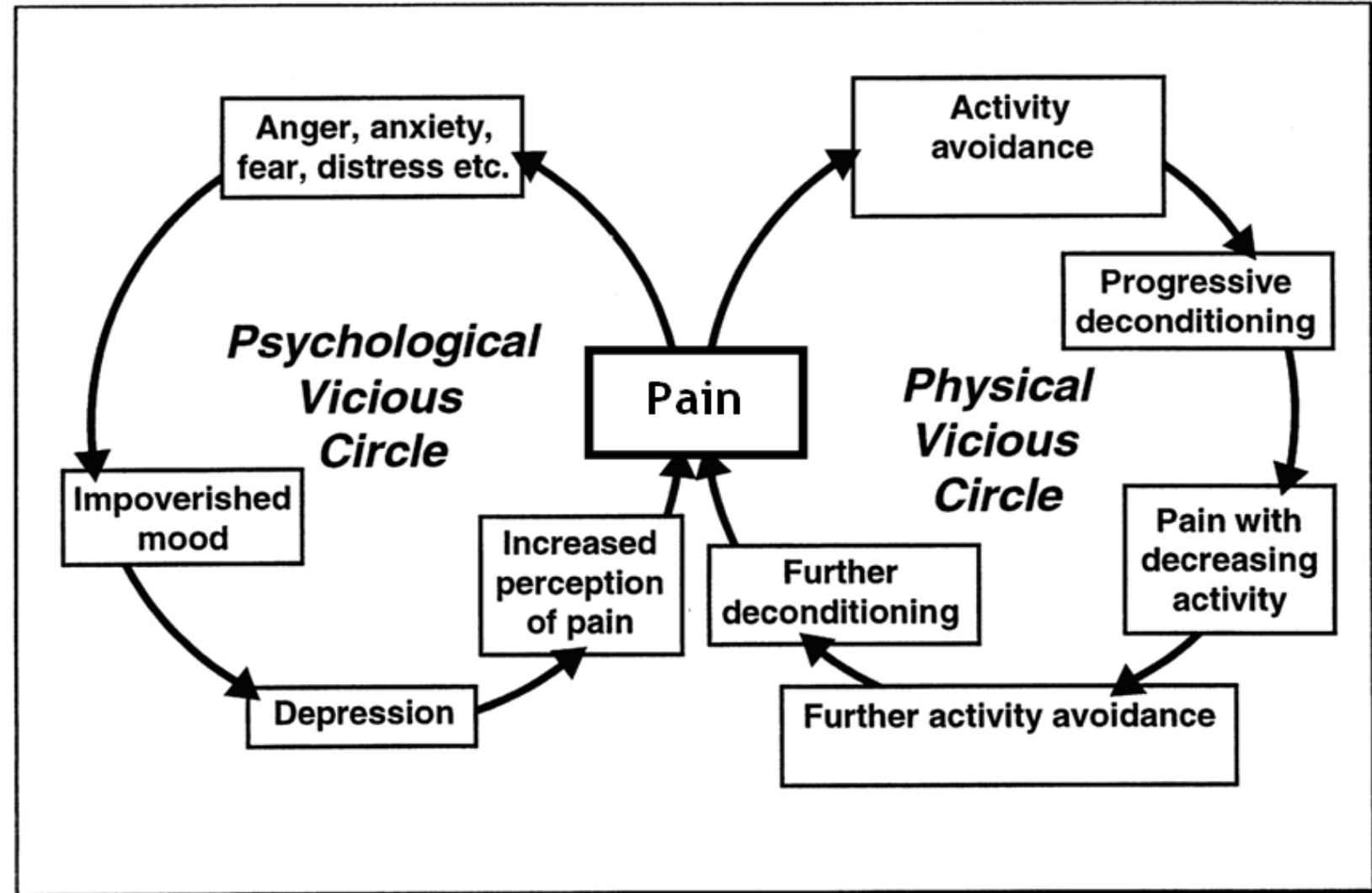


What should I do to prepare for surgery?



Deal with your chronic pain

- ▼ Pain lasting > 3 months
 - The result of an over-stimulated nervous system.
 - The nervous system gets better at what it practices.





I'm in so much pain, what are some things I can do to manage my chronic pain?

- ▼ Use a pain diary to determine triggers.
- ▼ Pre-medicate 1 hour before known triggers.
- ▼ Take Tylenol regularly for long-term pain and keep track of 24-hour doses.
- ▼ Use NSAIDs for breakthrough pain. Try topical before oral NSAIDs.
- ▼ Use ice for inflammation, heat for stiffness.
- ▼ No driving when using narcotics or THC.

HOW WAS YOUR DAY?

Please rate yourself on the following scales:

Fatigue		1	2	3	4	5	
		No fatigue			Very tired		
Mood		1	2	3	4	5	
		Happy/relaxed			Depressed/anxious		
Stress		1	2	3	4	5	
		Low			High		
Physical activity/exercise		1	2	3	4	5	
		Physical activity			No physical activity		
Healthy eating		1	2	3	4	5	
		Healthy eating			Unhealthy eating		
Social life		1	2	3	4	5	
		Lots of interaction with family and friends			No interaction with family and friends		

Did anything out of the ordinary happen today?

Please make a note of anything that happened outside of your usual routine, e.g., activities, medications, treatments, overall health.

www.arthritis.ca – Daily Symptom Tracker

Use ALL the tools in your toolbox

- ▼ Calming strategies for pain, stress, sleep and pre-surgery anxiety
 - Meditation, breathing exercises
 - Distraction: Music, socialization, hobbies
- ▼ Exercise, activity pacing, mobility aids
- ▼ Medication
 - Use your pain diary to see what tools work best for you!





Will physical activity aggravate my arthritis pain?

- ▼ Get moving!
- ▼ Start small, increase gradually
- ▼ Break up the activity (2, 3 or 4 times /day)
- ▼ Minimize joint stress
 - Walking, using aids
 - Marching, dancing
 - Water
 - Exercise bike





I know that I need to get active, but have no idea how to get started. Do you have any recommendations?

- ▼ Arm and core muscles
 - Helps with transfers, daily activities
 - Chair push-up, tightening “tummy” muscles
- ▼ 8 to 15 repetitions, work to fatigue
- ▼ Leg exercises: Gluts, quadriceps
 - Knee extension over a roll
 - Wall slides, sit to stand





How can I prepare my home for my surgery?

- ▼ Install stair railings, grab bars
- ▼ Remove clutter, tripping hazards
- ▼ For hip replacement, if no bending past 90 degrees
 - Foam cushion, bed blocks, raised toilet seat, shower chair
- ▼ Move frequently used items to waist-height



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Is there any equipment I should have to help with recovery?

- ▼ Crutches
- ▼ Two-wheeled walker
- ▼ Long-handled reacher
- ▼ Long-handled shoehorn
- ▼ Elastic shoelaces
- ▼ Sock aid
- ▼ Cryotherapy unit



Should I try to lose weight before surgery?

- ▶ Each extra pound = 4-6 lbs. of stress on joints
- ▶ Set a goal:
 - Do not lose more than 3 lbs./week
 - Limit calories from fluids
 - Look at what causes you to eat
 - Use a divided plate



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How can I ensure my recovery is successful?



Follow the plan!

- ▼ Maintain good pain management
 - If you aren't doing or struggling with physiotherapy, or you sleep because of pain, you aren't following the plan.
- ▼ Follow the physiotherapy plan verbatim
 - If you deviate or procrastinate, this will slow down and even compromise recovery
- ▼ Manage constipation
 - Get moving
 - Lots of fluids
 - High-fibre diet
 - Take stool softeners or laxatives



Activity milestones

- ▼ **0-3 WEEKS:** Walk with a walking aid, use stairs
- ▼ **3-6 WEEKS:** Walk several blocks with a cane, ride a stationary bike
- ▼ **6-12 WEEKS:** Walk longer without a limp, improved strength and balance
- ▼ Knee bend (studies): ~100° at 4-6 weeks, ~110-115° at 3 months, ~115-120° at 1 year

Any final thoughts or recommendations?



Questions



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