

Don't Take Your New Joint For Granted – Follow Up Care



Hip and knee surgeons are not surprised when someone comes into the office for a problem and find that they had a hip or knee replacement done many years prior without any further follow-up. Many people are unaware that they should follow up with their surgeon as part of the long-term care for joint replacements. Despite most hip and knee replacements now lasting for 15-20 years, it is important to follow-up and not take your new joint for granted.

Joint Replacement Means a Lifestyle Change

In order to get the full benefit of the implant, you must care for your hip or knee replacement – which includes consistent follow up with your surgeon. This is the same idea as owning a car for a long time. You would want to monitor your vehicle for problems if you want it to continue running for a long time. It is possible that your replaced joint will not last forever. Your age, activity level, body weight, overall health and type of device implanted are several of the factors that go into how long your joint replacement will last.

A rule of thumb that surgeons follow is a 1% per year revision rate. This means that at 10 years, about 10% of patients will likely have had an additional surgery for any reason, and at 20 years that number would be about 20%. The flip side to this is that at 20 years, 80% of patients will still have the same joint replacement functioning well!

There are many studies that suggest when you follow up with your surgeon, you will have an excellent chance of your implant lasting a long time. This is particularly true if you treat the replacement well by following your surgeon's recommendations for physical activities and sports. Consistent follow-up also allows surgeons and researchers to continue to study the lifespan of today's implants.

What does “wearing out” of the joint mean?

If you live with a joint replacement long enough, it may eventually wear out. Those who participate in high impact activities may wear their joint replacement out sooner than others. This is quite similar to the brakes on your car. When you drive your car, the brakes will eventually wear down and need to be replaced, but a race car will need new brakes much more frequently than a commuter car. A young, active person with a joint replacement will put a lot more wear on their implants compared to an older person who walks short distances daily.

Just as brake pads wear down on a car, the liner in both hip and knee implants will typically wear down over time. For the hip, a ball moves in the socket, which contains either a plastic or ceramic liner. For the knee, the implant on the end of the thigh bone moves back and forth on the implant on top of the shin bone over the plastic liner. Read this article from AAHKS, “What



are hip and knee replacement implants made of?" <https://hipknee.aahks.org/what-are-hip-and-knee-replacement-implants-made-of/>

Most of the time, the wearing out of the joint doesn't cause an obvious problem. You may notice minimal pain, slight grinding or develop a small limp. However, the only detectable sign may be subtle findings on new x-rays. If caught early, the required surgery could include just **exchanging the plastic liner** which has an easy recovery compared to a full revision surgery.

Often, when symptoms of increasing pain or worsening grinding occur from a hip or knee replacement, it may be too late to just replace the plastic liner. This type of revision surgery may include **exchanging the metal parts** in addition to the plastic liner. Think of it as ignoring the squeaking brakes in your car, and when you finally take your car to the mechanic, they find further damage. Now instead of just getting new brake pads, the whole brake system needs to be replaced! **Good communication with your physician is critical** when you start to notice small changes in your joint replacement or if you haven't seen your surgeon in a while.

How often and what kind of follow-up visits should I make?

It is important to talk to your surgeon about what they recommend for follow-up after surgery. Here is a typical follow-up schedule:

- **Two to three-week** follow-up for a wound check (optional)
- **Six-week** follow-up to evaluate your recovery with new x-rays
- **Three to six-month** follow-up
- **One-year** follow-up. This is often considered the point of full recovery for a joint replacement.
- **Beyond a year**, some surgeons will ask you to follow up annually, every other year or at five and ten years.
- **Beyond 10 years**, it is wise to follow-up annually or every other year at the most. If your surgeon begins to see signs of wear, you may need more frequent follow-up.

The younger you are at the time of your initial replacement, the more likely you will need a change of the metal, plastic or ceramic parts of your implant in the future. Depending on the type of replacement you received, your surgeon may request lab work and other studies during follow-up.

What if I move or my surgeon retires?

If you move to another area or if your surgeon moves or retires, you can request to have your x-rays placed on a disc or a portable drive so that you can follow-up with your new physician. It is important to get your records and operative reports to bring with you in case a future surgery is required. Your surgeon will likely have colleagues they can refer you to in your new location.



If your surgeon is the one leaving the practice, you will typically be able to see another physician in their group.

Physicians are all on the same team and want the best for you - wherever you may land! Use the AAHKS Find a Doctor feature to search for board certified hip and knee surgeons near you at <https://findadoctor.aahks.net/>

Having a total joint replacement does place some responsibility on you as the patient, and it is important to care for your replacement even after you are fully healed!

The American Joint Replacement Registry

The American Joint Replacement Registry (AJRR) helps surgeons and researchers track hip and knee implants across the United States. The goal of the registry is to provide a level of surveillance and follow-up on how replacements are performing. Your hospital and surgeon may participate in the registry, and it is important to follow-up accordingly and participate in the necessary surveys if asked. This is the only way surgeons as a team can identify “under-performing” implants early and take corrective action. Additionally, AJRR data help guide current practice patterns and represents an overall report card of how we are doing as a profession. AJRR publishes an annual report at <http://ajrr.net/> that is available for review and allows your surgeon to keep up on the latest trends and outcomes in total joint replacement.



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*This article has been written and peer reviewed by the AAHKS Patient and Public Relations Committee and the AAHKS Evidence Based Medicine Committee. Links to these pages or content used from the articles must be given proper citation to the American Association of Hip and Knee Surgeons.
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