Do I Need A Joint Replacement?

If you're suffering from pain and loss of function in your hips or knees, we have the resources you need to learn more about symptoms, non-surgical treatments, joint surgery options, total joint replacement, and recovery.

How many Americans have arthritis of the hip and knee?

With people living longer than ever, arthritis of the hip and knee is more common. There may be a need for 500,000 hip replacements and 3,000,000 knee replacements each year by the year 2030.

How effective are total hip and knee replacements at treating arthritis?

Treatment of arthritis starts **without surgery**. Over-the-counter pain relievers and anti-inflammatory medication may help. Using a cane or avoiding doing things that hurt may give relief as well. But you may develop pain that can only be treated by surgery. At first, you may only have pain or stiffness when walking a long way. As the arthritis gets worse, routines like taking short walks, putting on shoes, or dressing may cause pain. Arthritis of the hip and knee can affect your life in many ways – including how you feel psychologically.

The good news is that **hip and knee replacements are very successful surgeries**. It takes time to heal afterwards, but many people return to an active, pain-free life. Less pain usually leads to better walking ability and improvement in your overall health.

Is it worth the expense?

A common way to measure the value of a procedure is to compare the cost to the quality years of life it gives a person. The cost of the surgery itself is high, but the improvement to quality of life is great and sustained; thus, the overall costs in general are considered low. Your general health and sense of well-being also gets better. Nine out of ten people say they would have the **same surgery again** to treat their arthritis.

When is the right time to have my joint replaced?

The right time for joint replacement surgery is a common concern. Many factors are important to think about: general health, time away from work, family commitments, and the time it will take you to get better afterwards. Most people decide the time is right when their knee or hip pain prevents them from living comfortably. In many cases, arthritis pain will prevent you from doing very simple things. Perhaps you cannot take care of your home or family, or you can no longer do your job. You must make the **individual decision** about the right time to have surgery.

Is there a problem with waiting too long before deciding to have your hip or knee replaced?

People with hip and knee arthritis have disability from two things: Pain and Mechanical symptoms such as locking of the joint. Some people suffer from pain, swelling, and stiffness for years before considering surgery. Other people see a doctor when mechanical symptoms (buckling, clicking, grinding, or limping) get worse. These symptoms can jeopardize safety at home or at work. As hip and knee arthritis worsens, the stiffness of the arthritic joints also worsens. This can make the replacement surgery more difficult. That may mean a longer recovery and more physical therapy. Unfortunately, in severe cases, joint flexibility may never return to normal. By waiting too long, you may not get the full benefits of your hip and knee replacement surgery.

Will my surgeon use a computer, robot, or custom cutting guide in my surgery?

There are many studies attempting to evaluate these emerging technologies and their influence of the success of surgeries. Each of these technologies has a specific goal that has fueled its development (i.e. more accuracy in implant placement, more efficient or faster surgery, etc.). To date, there appears to be both pros and cons to each of these technologies without any clear advantages, but more research is required to determine what advantage, if any, these may offer.

Despite a substantial amount of direct-to-consumer marketing, **the best approach is to discuss this topic with your surgeon.** You may want to know if they use one of these technologies, why they have chosen to do so, and what their experience has been in using it.

How long will I stay in the hospital?

You will likely stay in the hospital for **one to three days** depending on your rehabilitation protocol and how fast you progress with physical therapy. This is highly dependent upon your condition before surgery, your age, and medical problems which can influence your rehabilitation. A safe discharge plan will be arranged for home versus a rehabilitation center/skilled nursing facility.

What is recovery like in the hospital?

Recovery starts right after surgery. You are helped out of bed on the day of or the day after surgery. A physical therapist will help you to walk. Most patients will have one or two sessions of physical therapy per day. The goal of therapy is to assist with strengthening of the muscles and walking. Therapy will also make sure that you are safe when you go home. That's important when doing things like dressing, using the bathroom, getting up from a chair, and climbing stairs.

Walking soon after surgery helps you get better. It also helps avoid things like bedsores, pneumonia, and blood clots. While moving around helps prevent blood clots, most doctors will use a more formal program of blood clot prevention like stockings worn on the legs, inflating foot or leg pumps, and blood thinning medications. These medications may be continued after you go home.

Will I be in a lot of pain?

Fear of pain from surgery is one of the biggest reasons why people avoid having a hip or knee replacement. With better pain control, you will have **mild to moderate pain**. Pain control comes from using several medications that affect both the spinal cord and the brain. Doing so means smaller doses and fewer side effects like nausea. Surgeons may also inject pain medicine into the hip or knee at the time of surgery to numb the area. At many hospitals, pain medications are given even before surgery begins.

Nausea can make recovery harder. It has many causes including stress and pain medications. Using less medication that includes narcotics (like morphine) will help to lessen nausea. There are also medications that help control nausea if it occurs.

When will I be back to normal?

Most people get better from hip or knee replacement **by six weeks**. The skin incision or cut takes approximately two to three weeks to heal. The time it takes to walk without a cane or drive after surgery is different for everyone. You will need physical therapy after going home. Even though the skin incision or cut will heal in two to three weeks, the process of healing can take up to a year. Scar tissue tends to soften over time, so you will continue to improve even after your physical therapy is over.

Studies show that about eight out of ten people who have hip or knee replacements are **pain-free within a year.** Once you are without pain, you will notice an improvement in your ability to walk. A new hip or knee may allow you to return to your favorite pastimes like walking, swimming, gardening and even some low-impact sports.

How long will my new joint last?

For about nine out of every ten people who have had a hip or knee joint replaced, the new joint is still working well after twenty years. How long the replacement will last depends on a number of

things. Younger individuals who are more active tend to wear out their replaced joints quicker. Older, less active individuals find their joint replacements last longer.

Will I need follow-up care after I'm well?

Replacements may fail by the parts becoming loose. The joint surfaces may wear. Bone could break down around the parts, infection could set in, or in rare cases, the parts themselves might break. Many of these problems can be seen by a doctor on x-rays before you feel that anything is wrong. This is why you should see your doctor on a regular basis after surgery even if you feel well. Treatment soon after a problem occurs is usually simple. But if the problem is ignored, it can be much harder to fix.

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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.