From Chronic Pain To Joint Surgery

When hip or knee pain becomes chronic, it can significantly affect daily life. Many people choose joint surgery to deal with their chronic pain. Use the information in this special section to determine if you should consider joint replacement, understand the preparations you need to make and learn what to expect after your procedure.
Rebecca,
Interior designer and bilateral ATTUNE® Knee replacement patient

“Don’t put off the conversation for too long — it made such a difference in my life. The sooner, the better.”

As a professional interior designer with a passion for gardening and spending time with her two grandchildren, Rebecca had no time for pain. So, when her knee arthritis got really bad, her orthopaedic surgeon recommended an ATTUNE® Knee from DePuy Synthes Joint Reconstruction*. Every aspect of the ATTUNE Knee has been shaped to work together in harmony with the natural knee joint and its muscles and ligaments, so that the knee feels stable through a full range of motion. With the help of the ATTUNE Knee, patients can get back to the activities they love doing sooner.

DePuy Synthes Joint Reconstruction offers a full range of knee solutions that are specifically designed to meet the needs of patients, regardless of their size or activity level. To find out more about the ATTUNE Knee, visit RealLifeTested.com.

Important Safety Information:
Knee replacement is not for everyone. There are potential risks. Recovery takes time, and success depends on factors like age, weight, and activity level. Only an orthopaedic surgeon can tell if knee replacement is right for you.

*DePuy Synthes Joint Reconstruction is a division of DePuy Orthopaedics, Inc.
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Although hip or knee pain may occur due to an injury or infection, arthritis is the most common cause of debilitating joint pain. The most common forms of arthritis that affect the hip and knee are:

> **Osteoarthritis** - a degenerative disease in which the cartilage that cushions between joints breaks down, causing bones to rub together. This results in stiffness, pain and reduced movement.

> **Rheumatoid arthritis** - an autoimmune disease in which the body’s immune system mistakenly attacks joint tissues. This abnormal response causes inflammation that can lead to joint damage.

> **Psoriatic arthritis or gout** - types of inflammatory arthritis that cause joint pain, swelling and tenderness.

**Living With Chronic Joint Pain**

If you have hip or knee arthritis, walking long distances, standing for long periods or climbing stairs can cause severe pain. As it becomes increasingly more painful for you to move around, your quality of life may begin to change. New limitations may affect your responsibilities and relationships, and could cause you to lose your independence. Before your arthritis gets that bad, talk to your doctor about all the treatment options.

**Treatments for Chronic Joint Pain**

There are lifestyle modifications, alternative therapies and medical treatments for hip and knee pain. These include:

> **Physical activity**: Regular, low-impact exercise can help maintain joint health and reduce pain. Walking, water exercises, yoga and tai chi are some examples. Weight-bearing exercise helps strengthen muscles that support painful joints.

> **Weight management**: Research has shown that even moderate weight loss can significantly reduce arthritis pain. Losing 1 pound of excess weight relieves 4 pounds of added pressure on knees.

> **Self-care therapies**: Heat and cold therapy can be effective in easing joint pain, swelling and stiffness. Balancing activity with rest can also relieve strain on weakened joints.

> **Joint protection and assistive devices**: Good posture and performing activities correctly can help protect joints. Using bigger joints and muscles instead of smaller ones can reduce the strain. Joint protection aids, such as braces, and assistive devices, such as canes and walkers, may also help to ease joint pain.

> **Alternative therapies**: Acupuncture and massage have been shown to reduce joint pain and stiffness. Transcutaneous electrical nerve stimulation (TENS) disrupts neural transmission of pain signals.

> **Physical and occupational therapy**: Physical and occupational therapists guide patients in rehabilitation techniques and recommend modifications for daily activities and work habits to preserve joint function and prevent re-injury.

> **Medications**: Doctors typically recommend starting with over-the-counter medications. These include acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen. Prescription medicines may be considered. Your doctor may recommend a corticosteroid or hyaluronic acid injection in the affected joint to reduce inflammation if other medicines don’t provide relief.

> **Surgery**: If joint pain worsens despite lifestyle changes, alternative therapies and medications, doctors may...
Did you know?

- More than 1 million Americans have a hip or knee replaced each year.
- The knee is the most commonly replaced joint, followed closely by the hip.
- Advances in surgical techniques have helped to reduce post-operative pain and shorten recovery time.
- Joint implants (or prosthetics) can be made of plastic, metal, ceramic or a combination of these materials.

**SOURCES:** American College of Rheumatology (rheumatology.org), National Institute for Arthritis and Musculoskeletal and Skin Diseases (niams.nih.gov)

bring up joint replacement surgery. The next step will be a referral to an orthopaedic surgeon who will evaluate whether partial or total joint replacement is a good option.

**Should You Consider Joint Replacement?**

If this sounds like your situation, you have a lot to consider. Joint replacement is a major surgery. As with any surgery, it has risks. But it can be very effective at eliminating or reducing joint pain and restoring mobility, independence and quality of life. Talk with your primary care doctor, your family and an orthopaedic surgeon to decide if the benefits of having surgery outweigh the risks and commitment involved.

To decide if surgery is right for you, consider these questions:

> **How is joint pain affecting your life?**
  The pain in your hip or knee may be affecting your daily activities, your work, your sleep and your ability to care for your family.

> **How often are you taking medications?** If you have been taking over-the-counter and prescription pain medicines for a long time, you may be concerned about side effects.

> **Has your pain and joint damage gotten worse?** You may have pain with movement and rest. X-rays may show worsening joint damage.

> **Have you given up activities you enjoy?** Joint pain may have caused you to give up social, recreational and spiritual activities.

> **Have you exhausted all other options?** You may have tried lifestyle modifications, natural therapies and medications and the joint pain is worsening.

> **Are you healthy enough for surgery?** You may need to lose weight, quit smoking or control other health conditions before having surgery.

> **Are you mentally ready for surgery?** The recovery period will require a dedicated commitment to several weeks or months of physical therapy and rehabilitation after surgery.

> **Do you have a support network?** After surgery, you will need assistance from family, friends or a hired health aide for several weeks to get dressed, prepare meals, change bandages, manage medications and get to medical appointments.

> **What are your financial obligations related to surgery?** You must understand your health insurance coverage, required deductibles and out-of-pocket expenses, including hospitalization, rehabilitation (inpatient and outpatient) and home health care and assistance.

> **Can you take the time off work?** Expect to be away from work for at least six weeks while you recover from surgery. You will need to work with your employer to set up an extended leave of absence.

> **What are the risks of delaying surgery?** You might consider delaying surgery if you don’t feel ready or if the timing is not right.

Discuss answers to these questions with your doctors to determine if it’s time for joint replacement surgery. Don’t wait until your pain is unbearable to start the scheduling process; it may take several months to confirm your surgery date.
Choosing Your Surgeon

Your primary care doctor or rheumatologist can recommend an orthopaedic surgeon. Physical therapists are good referral sources because they often work with post-surgery patients. A family member or friend who has had joint surgery may recommend his or her surgeon.

You might want to meet two or more surgeons to understand different possible approaches to your surgery. Take a family member or friend with you to meet with the surgeon. Having someone to take notes, suggest questions and provide moral support can be helpful.

It’s important to research joint surgeries before you meet with prospective surgeons so you know what questions to ask. Research has shown that hospitals and surgeons who perform a high volume of joint replacement surgeries (a minimum of three a month, preferably higher, for surgeons) have lower complication rates.

Preparing for Surgery

Visit the joint surgery section on the Arthritis Foundation’s website (arthritis.org/jointsurgery) to learn about different types of surgery and steps you can take before and after to ensure success. Other informative sources include the American College of Rheumatology (rheumatology.org), National Institute of Arthritis and Musculoskeletal and Skin Diseases (niams.nih.gov) and the American Academy of Orthopaedic Surgeons (aaos.org).

The more you know about what to expect, the better able you will be to plan and prepare.

Questions to ask your surgeon:

- Are you board certified in orthopaedic surgery?
- Can you describe the specific surgery you are recommending?
- How often do you perform this type of surgery?
- What is your success rate with this surgery?
- Can you refer me to other patients who have had this surgery?
- How long do you expect my recovery to be?
- How long will I be in the hospital?
- What type of implant will you use?
- What kind of anesthesia will be used?
- What are the most common complications with this surgery?
- Will I need to go to an inpatient rehabilitation facility?
- Who will evaluate me after surgery?
- What type of medication will I need to take after surgery and how will it affect my other medicines?
- Will I need to have this surgery repeated in the future?
- How can I reach you in case of emergency?
- Who is my main contact in your office for questions about insurance and financial obligations?
Making Adjustments
Before surgery, your surgeon may need you to make some adjustments. Set a reasonable period of time to meet these goals before you confirm your surgery date. Some of these may include:

> **Weight loss:** Being a healthy weight reduces the risks of some complications. After surgery, not having the pressure of excess weight on your joint will aid the healing process.

> **Nutrition:** A healthy, balanced diet will provide your body with important nutrients to aid the healing and recovery processes. It also may help you to lose weight or maintain a healthy weight.

> **Exercise:** It’s important to be as physically strong as possible before surgery. If you aren’t physically active, you may need to do light to moderate low-impact aerobic exercise. It’s also important to strengthen the muscles around the joint. Check with your doctor before starting an exercise program.

> **Smoking:** Smoking can slow down your ability to heal after surgery and delay recovery. Additionally, smoking weakens your lungs, which makes it harder to perform post-surgery exercises. It’s important to quit or significantly cut back on smoking before surgery.

> **Responsibilities:** You won’t be able to perform home and work duties for at least six weeks after surgery. Designate a family member or friend to oversee your medical and insurance affairs as well as your care at the hospital and at home after surgery.

Pre-surgery Steps
Here are some important preparations to make as your surgery date approaches:

> **Health and Personal Information:** Have your general health and legal documents in order. Consider giving a duplicate file of this information to your emergency contact.

> **Home and Meal Preparation:** Your ability to move around your home will be limited after surgery. You will not be able to climb stairs immediately after surgery, so if your bedroom is on an upper level, you should create a sleeping area on the first floor.

   If you live alone or have other health conditions, consider arranging to go to an outpatient rehabilitation facility. Be sure to check with your insurer to determine if this expense will be covered.

   It’s important to do a walk-through of your home and remove potential tripping hazards.

   Assistive devices, such as a walker, bath or shower chair, raised toilet seat and long-handled reacher will be helpful.

   Prepare meals in advance in bulk and freeze for later use, or stock up on healthy convenience foods.

> **Patient Education:** Many hospitals offer patients joint surgery classes taught by surgeons and nurse educators. The sessions provide tips and advice on surgery preparation and recovery.

> **Medical Preparations:** Some medical examinations and tests are required before surgery. These include orthopaedic exams, blood tests, urine tests and chest X-rays, among others. Tell your surgeon about any changes in your general health, and find out which medications you need to stop taking before surgery.

Recovery and Rehabilitation
Your road to recovery will begin while you are still in the hospital. Follow the instructions of your surgeon closely,
and don’t rush the recovery process.

One of the most important factors in your recovery will be your commitment to physical therapy. You will begin physical therapy before you leave the hospital. Depending on your needs, you may have physical therapy sessions at your home or a rehabilitation center for several weeks or months. Exercises will start very slowly and may be difficult at first. It is important to perform the prescribed exercises exactly as demonstrated to enhance your recovery.

Joint replacement is a major surgery, and you should expect pain and stiffness in the weeks after your procedure. Your doctor will work with you on a pain-management plan. You may need to take blood-thinning medication to prevent blood clots.

It is also important to prevent infections. Therefore, you may need to carry a medical alert card with you and take antibiotics when there is a threat of contracting an infection, such as when you’re having dental work done.

You will likely have stitches or staples around the joint implant area for one week to 10 days after your surgery. Keeping the area dry and taking proper care of the wound will be critical. Know the signs of wound infection.

Resuming Activities

It is normal to feel unsteady for weeks after having joint replacement surgery. Keep your floors free of clutter and use a walker or crutches in the early weeks of recovery.

Approximately six weeks after your surgery, your doctor will evaluate your progress to determine if you can resume normal activities. The pace of your recovery will depend on many factors including:

- your age
- the severity of your arthritis or joint damage before surgery
- your general health and physical fitness before surgery
- the type of surgery
- your adherence to physical therapy.

As you move your new joint and your muscles strengthen, pain will lessen, flexibility will increase and movement will improve.

Consult with your doctor about when you can resume driving. In general, you should be able to bear weight on the affected leg and have stopped taking opioid pain medications.

Many people are able to resume low-impact activities such as golf, swimming and stationary bike riding about six to eight weeks after surgery. Gentle exercises such as tai chi and water aerobics are great for building strength and increasing flexibility without putting too much strain on your new joint. Most doctors and physical therapists advise against activities that can be hard on joints, such as running, tennis, basketball or skiing for a period of time after surgery. Talk to your doctor before resuming physical activity.

Some people are able to return to work in about six to eight weeks. Others need to wait for up to three months. Talk to your doctor and physical therapist about the tasks required at work so you can determine the appropriate time to return.

A New Normal

The decision to have joint replacement surgery is a serious one, but the results can be life-changing. Every person’s experience is unique. It is common to find personal stories about the profound difference having joint surgery has made in many patients’ lives.

Don’t allow chronic joint pain to take over your life. Work with your doctor to find the most effective ways to protect your joint health and your ability to move without pain.
Rebecca, 68, of Baltimore, MD, is an interior designer who loves to garden and play with her grandchildren, but her life was put on hold because of severe knee osteoarthritis. For years, Rebecca put up with her knee pain but after it caused her to crawl up her driveway one morning after getting the newspaper, her orthopaedic surgeon recommended that both of her knees be replaced. Here, Rebecca and her physical therapist, Christina Lewis, discuss Rebecca’s experience.

**How did knee pain impact your everyday life?**
Rebecca: “The pain dominated so many aspects of my life. I had pain when standing for an extended period of time, so I would plan shorter visits with my clients. At home, I had trouble getting my grandchildren in and out of their car seats. The pain just worsened and became more debilitating. There came a point when I said to my doctor, ‘I just want my life back.’”

**What questions did you have about knee replacement?**
Rebecca: “I had a lot of questions: What exactly is involved? How long will rehabilitation last? When will I be able to get back to work? Since my husband had undergone knee replacement five years earlier, I also wanted to know what advancements had occurred during that time. My surgeon recommended the ATTUNE Knee System.”

Christina: “Generally speaking, patients typically resume most of their daily activities within six to eight weeks. Rehabilitation is something that a patient does, not something that is done to them — so you get out what you put in. Rebecca is a perfect testament to that.”

**What was your rehabilitation like?**
Rebecca: “Within hours after surgery, I was encouraged to move and start rehabilitation. The physical therapy was tough, but after a few weeks I began to marvel at how far I had come.”

Christina: “I always begin therapy by asking my patients what they want to get back to doing, and then we work on those things. For Rebecca, it was gardening. We incorporated exercises that would help get her back in the garden as soon as possible.”

**What would you like to tell others with joint pain?**
Rebecca: “Don’t wait for the pain to get so bad that you stop living your life. Talk to your doctor about treatment options. Joint replacement made such a difference — to me, it really does feel like a new life.”