THE FUTURE OF TOTAL JOINT REPLACEMENT

FOR THE HIP AND KNEE IS HERE TODAY!

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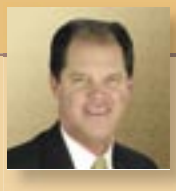

ARTHRITIS OF THE HIP AND KNEE currently affects more than 43 million individuals. It is estimated that the number of people affected by arthritis will increase to 60 million by 2020. Nearly 21 million Americans suffer from osteoarthritis, a degenerative joint disease. This is a leading cause of joint replacement surgery. Rheumatoid arthritis, the most crippling form of arthritis, affects approximately 2.1 million Americans and two to three times more women than men. The average onset of rheumatoid arthritis is between the ages of thirty and forty-five years of age. The most common types of arthritis include osteoarthritis, rheumatoid arthritis, posttraumatic arthritis, avascular necrosis and Paget's disease. What is common to all these forms of arthritis is the loss of articular cartilage (the cartilage that covers the ends of the bones). As this covering wears, patients experience a gradual deterioration of function and increasing pain. Ambulatory tolerance decreases and activities of daily life become increasingly difficult. In hip osteoarthritis, foot care (putting on shoes and socks) becomes difficult. Individuals gradually find the need to lift their leg to get in and out of a car, pain increases, they limp and eventually night pain develops. In osteoarthritis of the knee individuals develop difficulty getting in and out of a car, sofas become difficult to get up from, stairs often are taken one by one, and night pain can develop. Patients who are candidates for total joint replacement arthroplasty (joint replacement) have painful joint disease that is no longer responding to conservative, nonoperative treatment including nonsteroidal anti-inflammatory medications, physical therapy, weight reduction, and modifications of activity. Joint replacement is the treatment of choice when pain is progressive, it interferes with daily activities, and interferes with work.

Total joint replacement of the hip and knee has been performed since the 1970's. Today, these procedures have been found to result in significant restoration of function and reduction of pain in ninety-five to ninety-eight percent of patients. More than 300,000 knee and more than 300,000 hip replacements are performed in the United States each year.

Within the last several years two significant changes have occurred which have greatly expanded treatment options for patients. The first of these is minimally invasive surgery, the second, new advanced technologies that are meeting the needs of more active patients.

Years ago, standard total hip replacement and total knee replacement surgery often would involve surgical incisions in excess of ten inches in length, prolonged recovery times (often three to four months) for complete recovery, extended hospital or rehab center recovery time, and a gradual return to function. Today, minimally invasive surgery is a term used to describe a surgical procedure that often utilizes a much smaller incision than conventional surgery. It also reduces the amount of soft tissue disruption during surgery, reduces the need for pain medication, reduces blood loss and the need for blood transfusions, enhances the speed at which patient's can be rehabilitated, and reduces the overall recovery time. The return to normal daily activities often occurs within three to four weeks postoperatively. Today, most patient's can be candidates for minimally invasive surgery or minimally invasive techniques.

The second advance – new technologies – are meeting the higher demands of younger and more active patients. Prosthetics manufactured of advanced composites including advanced polyethylene, metal on metal, and ceramic implants have demonstrated decreased wear rates. As a result, the longevity for implant survival has continued to improve substantially over the years. This is important in all patients but especially important in the younger, higher demand patient.

Recovery continues to improve. Every individual is different and every treatment plan is different. The length of hospital stay following total joint replacement varies and depends on many factors including age and physical ability. The estimated recovery schedule is as follows: In hospital stay for two to three days with many patients returning home at that time. Others may need three to five days of inpatient rehab and then return to home. Significant functional improvement and return to most daily activities occurs within three to four weeks; often return to work within two to three weeks postoperatively. Driving a car at two to three weeks postoperatively and maximal improvement within two to three months can usually be expected.

The longevity of joint replacement following total joint arthroplasty is difficult to project in individual cases, however, with current techniques and current implant designs it is anticipated joint replacement may last upwards of thirty years or more.

All of the above advances benefit patients of all ages. Clearly, however, the younger patient who needs a return to work as soon as possible after surgery and all patients who have greater levels of activity benefit from these advances most.

For further information, contact your orthopedist at Danbury Orthopedic Associates or visit us at www.dortho.com. □

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