Dear Patient:

Now that you have decided to have joint replacement surgery, we are anxious to work closely with you to help you with your arthritis pain.

Please familiarize yourself with the contents of this booklet. It contains a great deal of information you need to be aware of. The more educated a patient is prior to surgery, the less the anxiety about the surgery, the more they will be able to participate in their recovery, and therefore the better the experience and the result will be.

The surgical procedures for total joint replacement produce the most dramatic relief of arthritis pain that has ever been afforded affected patients. In this operation, major surgery is performed to replace the ball and socket of the hip or, in the case of the knee, the femur (thigh bone), tibia (shin bone), and the kneecap may be resurfaced. Cemented and noncemented techniques have been developed to anchor the components to the bone surfaces. Generally, the artificial joint is made of a combination of super durable plastic, high-strength metal alloys such as titanium and cobalt, or ceramic materials.

There are many new advances in total joint replacement surgery and minimally invasive surgery (MIS). Your surgeon will discuss with you the merits and/or limitations of these techniques. Because the results of these surgeries are helpful for so many people, a clear understanding of the nature of the operation, its advantages and disadvantages, and its limitations and contraindications is necessary.

**ADVANTAGES**

The advantages of total joint replacement are striking. There is significant, if not total, relief of arthritis pain. Usually there is improved motion of the involved joint and significantly reduced time of rehabilitation from past types of surgery for arthritis. In many cases, leg length differences can be corrected. However, some deformities may prevent attainment of equal leg lengths. Stability of the involved joint is the primary goal. Most patients will be able to resume normal daily activities without the use of a walker or cane a short time after surgery.

All of these advantages of joint replacement surgery take second place to the most important feature of this surgery, which is relief of your pain. Ninety percent of patients who are having their first operation for common arthritis problems can walk without a limp or only a slight limp. By far, total joint replacement is the most effective of the modern day “organ replacement” surgeries. Clearly, however, the results of second operations or reoperations may not be as good.

From the material presented so far, it is clear that the decision for surgery of this type is a serious one. Surgery, because of its risks, should only be performed for significant pain symptoms. Generally, the patient is the only one who should make the decision to have a joint replacement surgery. Only when the patient is unable to tolerate the pain symptoms or its imposition on lifestyle should the decision for total joint surgery be made.
LIMITATIONS, DISADVANTAGES AND COMPLICATIONS

To achieve the advantages that total joint replacement may offer, each patient must accept certain limitations, be exposed to a number of significant potential complications, and assume some risks. You will see from the material that you are about to read that many special precautions are now taken to minimize the chance of a complication occurring.

The artificial joint replacement is not a normal joint. It is good but it is man-made. It is not able to withstand repeated heavy impact without risk of loosening or breaking. Activities such as jogging and jumping are prohibited. Swimming, walking, golf and bike riding are generally safe to resume after surgery.

The durability of your joint replacement depends on many factors. Even if high impact activities are avoided, each of the components, such as the cement, bone ingrowth, and implant materials are subject to wear and failure. The cement may loosen or crack leading to failure over a number of years. The joint replacement may loosen or the bone around it may fracture. The weight of the patient is crucial. Joint replacements are more successful and have fewer complications in patients who are not overweight. IT IS IMPERATIVE THAT OVERWEIGHT PATIENTS LOSE WEIGHT AND BECOME MEDICALLY FIT FOR THEIR OWN HEALTH AND THE LONGEVITY OF THEIR ARTIFICIAL JOINT.

Likewise, younger patients, because of their more active lifestyles, will place higher demands on their artificial joints and face greater chances of failure of the surgery, thus leading to reoperations of the joint replacement. A revision, or re-operation, of a failed total joint replacement may be needed due to many factors including loosening of the prosthesis, wearing of materials, bone fracture, or infection. Revision surgery may require extra considerations including the possibility of special implants or bone grafts called allografts to replace bone loss. The risks, complications, and outcomes may not be the same as in a first-time total joint replacement. Yet, with advances in technology of the implants and techniques, the success of revision surgery has improved dramatically.

In addition, there are other complications specifically related to total joint surgery that are typical risks of any major operation. The number of potential complications can be numerous. The percentage of patients who have a serious complication is very small. The general risks of this type of major surgery are those of heart attack, stroke, pneumonia, bleeding disorder, kidney failure, blood clot formation, pulmonary embolism, heart failure, hepatitis, bladder infection, urinary dysfunction, neurovascular compromise, loss of limb, wound complications, medication reactions, reoperation, skin compromise, limp, etc. There is also about a 0.5% chance of not surviving the operation.

The risks of total joint surgery that are specific to the operation itself are low blood pressure, fractures of bone, dislocation (of the hip in hip replacement or kneecap or knee joint in knee replacement), limited motion related to excessive scar tissue or abnormal bone formation, damage to neurovascular structures, leg length discrepancy, infection, poor wound healing, loss of joint fixation, joint wear, chronic pain, and many others.

In summary, while no one likes to dwell on complications, it is only by being aware of them that you can be prepared and hopefully avoid them through special precautions. The risk of a “serious” complication is less than 5%. As our knowledge improves, it is steadily decreasing.