

# Osteoarthritis

## What About Surgery?

**Arthroscopy** is rarely recommended for treatment of knee arthritis alone since it does not cure the arthritis and other less invasive techniques give similar results. It may be helpful to fix a torn meniscus or other specific injury, however, when arthritis is not the main source of symptoms. Arthroscopy may provide better relief from arthritis pain in non-weight bearing joints, such as the shoulder.

The only curative procedure available for degenerative arthritis is **Total Joint Replacement**. This procedure removes the worn out joint surfaces and "caps" the bone ends with new gliding surfaces of metal (usually cobalt-chrome) and plastic (ultra high molecular weight polyethylene) or alternative bearing surfaces. This usually gives dramatic pain relief and often restores function to patients with severe arthritis.

When only a portion of a knee has worn out, **Partial Knee Replacement** may provide good symptom relief with a smaller operation and more natural "feel."

**Joint Replacement** is a major surgical procedure and is associated with a low incidence of risks such as infection, nerve vessel injury, and unanticipated breakage of the bone, dislocation or even death. In addition, the replacements may loosen or wear out over a period of 15-30 years (sometimes much less or more). Repeat joint replacements can be done but are less likely to give as good a result. It is therefore desirable to carry this surgery out in hopes of it lasting a lifetime. It may also wear out more rapidly in people who are very active, younger or over-weight. Under the right circumstances, however, this procedure is effective and rewarding.

Find more information  
on Osteoarthritis at:

[orthoinfo.aaos.org](http://orthoinfo.aaos.org)

[arthritis.org](http://arthritis.org)

[nih.gov/niams](http://nih.gov/niams)

WASHINGTON ORTHOPAEDIC CENTER

[waortho.com](http://waortho.com)

1900 Cooks Hill Road  
Centralia, WA 98531

360-736-2889 • 800-342-0205



## What Is It?

**Arthritis** means joint inflammation.

**Osteoarthritis** is the most common form of arthritis. It occurs to some extent in most people as they age. It can begin earlier, however, as the result of joint injury or disease and sometimes for reasons that are less clear. Hips and knees are most commonly affected, but shoulders, hands and other joints can also be involved.

The major problem from this condition is simply wearing out of the smooth, gliding cartilage on the surface of the joint. This is seen on x-rays as a decrease in space between the bone surfaces since the cartilage itself is clear on x-rays. This can ultimately progress to the point where there is "bone on bone." In addition to narrowing of the joint space, the body responds to the excessive stress by forming broader bony surface which we see on x-rays as bone spurs.

Although extensive research is ongoing, the exact cause and means of preventing osteoarthritis is still unknown. Treatment is directed primarily at relieving the symptoms of arthritis which can cause a vicious cycle of weakness and immobility that interfere with daily activities and quality of life.



## What Can Be Done?

A variety of **Medications** may be helpful. Acetaminophen can provide substantial pain relief. Be careful however not to take more than 4 grams of acetaminophen (two extra-strength tablets) four times per day. Be aware that other OTC medications may contain acetaminophen. There are many non-steroidal anti-inflammatory medications (aspirin, ibuprofen or naproxen) as well as prescription anti-inflammatories which may help relieve pain and improve function. The most common risks are stomach irritation, though some are less likely to cause this. OTC medications such as Glucosamine/Chondroitin or herbal supplements may also be helpful. Narcotic medications are less commonly used because of their risks and side effects.

There are many kinds of **Topical Medications** (capsaicin, Aspercreme®, Icy Hot®, and others) which may ease symptoms to improve function.

**Braces** may provide support or improve alignment. A **Cane** can often be very useful in unweighting the joint while still permitting normal activities. Resorting to a wheel chair is discouraged, as this allows muscles to become weakened, the joints to become stiff and the bones to become brittle and diminish the likelihood of regaining the ability to walk.



**Exercise** to strengthen the muscles around the joint has been proven to improve function and decrease pain and protect the joint. Flexibility and conditioning exercises are also very helpful in reducing symptoms.

In general exercise which minimizes the impact loading (pounding) experienced by the joints such as swimming or bicycling is preferred but any exercise is better than none.

**Weight Control** is also extremely valuable in decreasing the stress on the joints. Each step results in three times the body weight through the hip and knee. Therefore, each pound gained or lost has a tremendous influence on the stress experienced by the joints.

It is advisable to use good supportive, well-padded shoes or impact absorbing **shoe inserts** for any walking or running on hard surfaces.

**Cortisone Injections** decrease inflammation. They have been proven to provide significant relief in a majority of people with arthritis pain.

**Hyaluronate** (Viscosupplementation) injections are designed to provide extra shock-absorbing fluid and lubrication in the joint. It typically requires three weekly injections, and may give significant relief for many months.