

THE DOCTOR IS IN

What Your Knees Need

By David Rojer, MD



When our knees work, we don't give them too much thought. It's when they ache when we use them to bend, climb, stand or lift something that they demand our attention. You should know that you have choices other than surgery, such as physical therapy, injections, or some combination.

While arthritis isn't solely an elder health concern, it is the number one cause of knee pain, especially if you're 50 or older. Osteoarthritis is a deterioration of that smooth gliding surface that leads to bone touching bone--the main cause of the pain, deformity, swelling, instability and loss of motion associated with this disease.

The knee is a hinge joint, offering flexion (bending) and extension (straightening), and some side-to-side play. The large femur bone located above and the large tibia bone below come together and enable motion. The ends of the bones are covered by articular cartilage, which allow the bones to glide.

When treating the symptoms of knee arthritis, I generally recommend heat in the morning to get the blood flowing and ice in the afternoon to help

decrease swelling. For pain, ibuprofen and acetaminophen can be used together or alternately for occasional pain and swelling, although they should be limited to a maximum of one week of continuous use if you are taking them consistently, so as to avoid problems with the stomach, kidney and liver. There are many stronger and longer-acting non-steroidal anti-inflammatories (NSAIDs), but none should be used long-term. While topical NSAID creams have fewer side effects, they are more expensive.

Cortisone injections are more direct and longer-lasting. One shot can decrease pain and swelling within three to seven days, and in most cases, can last one to three months. Diabetics should be aware that it can cause a rise in blood sugar. Other than that, they are very safe and can be given four times a year. Many patients require fewer pain pills.

Visco-supplementation is another low-risk, in-office procedure that involves injecting a gel-like fluid called hyaluronic acid (a natural substance already found in the knee joints) into the knee joint. Hyaluronic acid acts as a lubricant to enable bones to move smoothly over each other.

Osteoarthritis depletes hyaluronic acid in the joints. In theory, replacing it can help alleviate swelling and pain. I use a set of three injections - one each week for three weeks. They generally take longer than cortisone to work, but if successful, they can last for six months or longer.

Injections are temporary solutions and don't fix the mechanical issue, and that they don't always improve the pain or swelling. And if none of the conservative measures work--including therapy, bracing, weight loss, canes, and activity modification, then knee replacement may be the answer.

However, knee surgery isn't easy, and is not appropriate for everyone. There's a lot to consider. For instance, pain tolerance and recovery. Post-surgery, the knee will be stiff, sore and swollen for about one to three months. Full recovery can take a year, sometimes two.

The best age for knee replacement is between 60 and 80. If you're younger than 60, you are at risk of needing a revision later. If you're older than 80, you have a higher risk of anesthesia complications.

An artificial knee is made of metal and plastic, and may swell and/or click. You may still be uncomfortable after surgery. The best-case-scenario is resuming low-impact activities like stair-climbing, biking, swimming, walking and gardening. Based on tracking 850 patients on whom I have performed knee replacement procedures over the past 13 years, my success rate, using the criteria of acceptable X-ray alignment and improved patient satisfaction after the procedure, is between 90 and 95 percent.

The procedure takes about two hours and patients generally get up and walk the same day. Intensive physical therapy is necessary for about two days before going home.

Outpatient therapy begins immediately and continues for up to three months after surgery. Gradual improvement can occur up to a year or even two after the surgery.

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