Surgical Options For Arthritis & Accelerated Recovery
AGENDA

1. What works/ what does not?

2. Arthritis & Joint replacement basics

3. What patients have to say

4. Your questions
WHAT’S CAUSES PAIN?

70 million people in the U.S. have some form of arthritis.¹ Osteoarthritis is one of the most common types.

Osteoarthritis

• Wear and tear / deteriorates “cushion” in your joints
• A degenerative condition—it won’t get better and may get worse

Rheumatoid arthritis

• An autoimmune disease that attacks the lining of joints, causing swelling and possibly throbbing and deformity

What is arthritis?

Normal vs OA Joint

Genetic
Trauma
Infection
Inflammation
Metabolic aging

Osteoarthritic knee
- Thickened capsule
- Cyst formation
- Sclerosis in subchondral bone
- Fibrillated cartilage
- Synovial hypertrophy
- Osteophyte formation
Hip or Knee?
HOW CAN YOUR PAIN BE TREATED?

• Water therapy
  – Soaking, ice packs, hot packs
• Exercise & physical therapy
  – Also good for weight loss
• Medications
  – Analgesics
  – Corticosteroids
• Injections
  – Corticosteroids, hyaluronic acid
• Joint Preserving Operations
ASSESSING PAIN/ Hip or Knee

• Rate pain on a scale of 1 to 5
• For most people, the tipping point is about 4 or 5 — that’s when the pain becomes too difficult and they turn to a surgeon for relief.
Everyone!!

• We try everything else first
• All conservative measures must discussed and attempted before proceeding with surgery
  — “Once we go down this road of replacement we cannot turn back”
What are the indications for **Partial Knee Replacement** in knee arthritis?
What are the indications for Total Knee / Hip Replacement?

- Failed all conservative treatments
- Medication/ Injections no relief
- Only the patient decides
- Pain relief
Accelerated Recovery

• Protocol Designed to Minimize in- Hospital Stay (Even Surgery Center Surgeries)
• Education for Staff and Patient
• Combine minimally invasive surgical techniques and multimodal perioperative pain management strategies
Accelerated Recovery/Same Day Surgery

- Anesthetic Considerations/Blocks that are safe for rehab
- Minimally invasive Techniques/multimodal pain control
- Avoid IV Narcotics/Post OP Pain Management
- Team Approach and Support/Education
Tissue Injury → Inflammation → Nerve Stimulation → Peripheral Nerve → Spinal Cord → Brain → IV Narcotics → 

Standard Orthopaedics

PAIN
Tissue Injury
Inflammation
Nerve Stimulation

Minimally Invasive Surgery

COX 2 Inhibitors, Injection

PAIN

Local Injection (Pericapsular Injection), Steroids, Narcotics

Peripheral Nerve Block

Peripheral Nerve

Spinal Anesthesia
Narcotics
COX 2 Inhibitors

Spinal Cord

Narcotics
COX 2 Inhibitors
Tylenol

Brain

PAIN
Who Is Appropriate?

- Meet Criteria for Partial/ Knee Replacement
- Relatively Healthy Patient
- No Major Risks for Surgery Present (Sleep apnea, poorly controlled HTN, etc.)
- Motivated Patient
- Appropriate Social Support
Total/ Partial Knee

• Immediate Post Op/ Day 0-3
  – Ambulate with assistance 25-100 feet
  – 80 degrees of motion/ Independent SLR
• Day 3 to 6 weeks- Motion Phase/ Max 7-12
  – Home PT- Transition out pt when ready
• Advanced Strength 12-16 weeks
Anterior Hip Replacement
How soon will you dance??

Within Weeks!
Total Hip/ Anterior/ Posterior Exposure

• Anterior- Really no precautions
  – Avoid extreme ROM/ External Rotation
  – WBAT

• Posterior Hip (Prior surgery/ deformity)
  – Hip Precautions
  – WBAT
Any Questions About?

• Anterior Hip Replacement
• Knee Replacement
• Partial Knee Replacements
• Out patient joint replacements
• Revision Total Joint Surgery
• Call us 214-252-7039
• Leave info we can contact you
More Information/ Questions?

• Follow us on social media
  – Like us on Facebook
• You tube channel with videos/ animations
• Thank you
• Donald W Hohman MD
• 214-252-7039
Enough about my Hip...

• My Knee hurts!!
WHAT’S CAUSING YOUR PAIN?

Healthy knee
The end of each bone in the joint is covered with cartilage, acting as a cushion so the joint functions without pain.

Diseased knee (osteoarthritis)
Wear and tear deteriorates natural cushion, leading to bone-on-bone contact, soreness and swelling.
Back to Golf!

But no correction for your SLICE!!