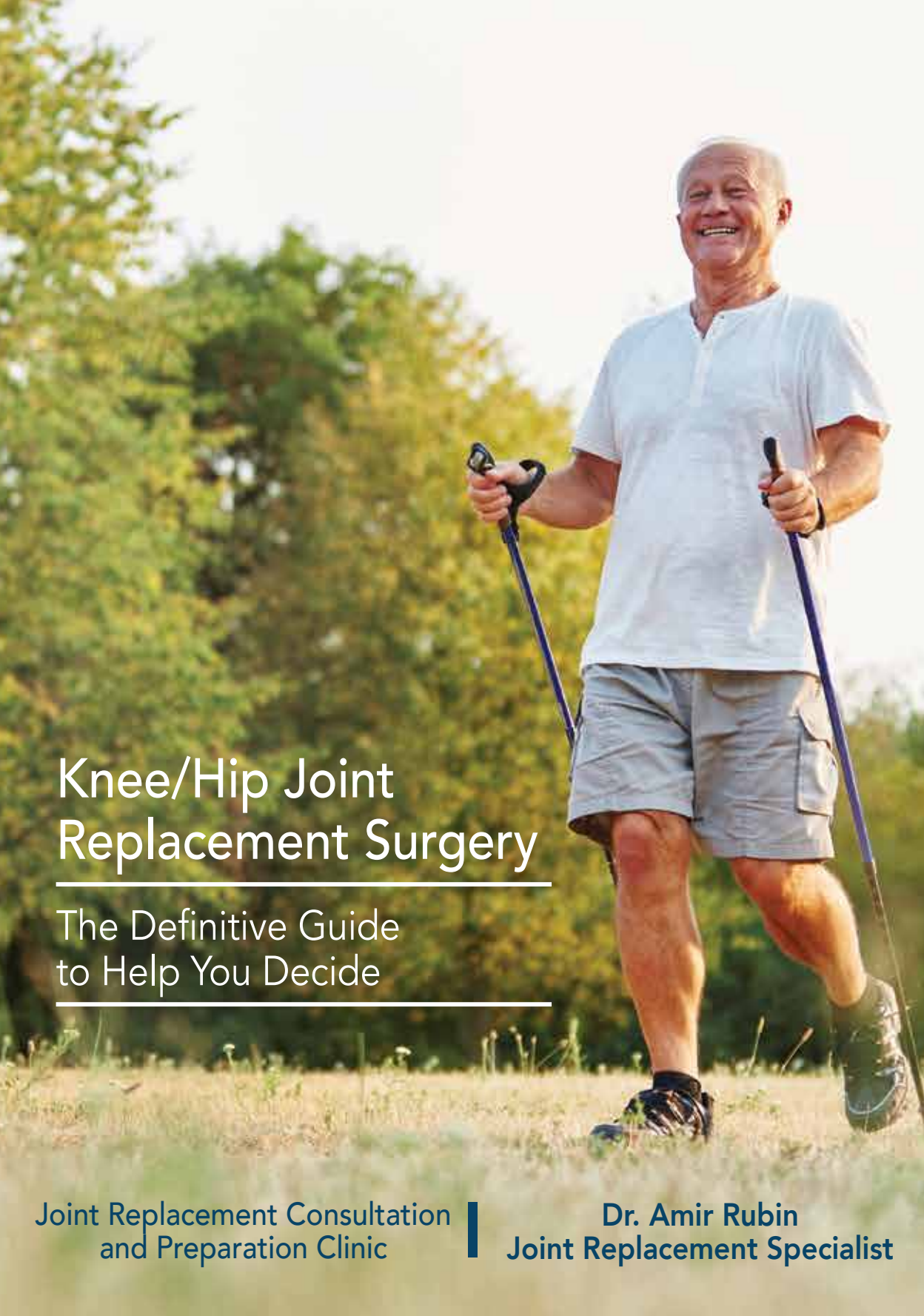


Knee/Hip Joint Replacement Surgery

The Definitive Guide to Help You Decide

Joint Replacement Consultation and Preparation Clinic

Dr. Amir Rubin
Joint Replacement Specialist

In a nutshell: Making a Decision about Knee or Hip Surgery in 3 Steps

1 Make sure all the following factors are present:

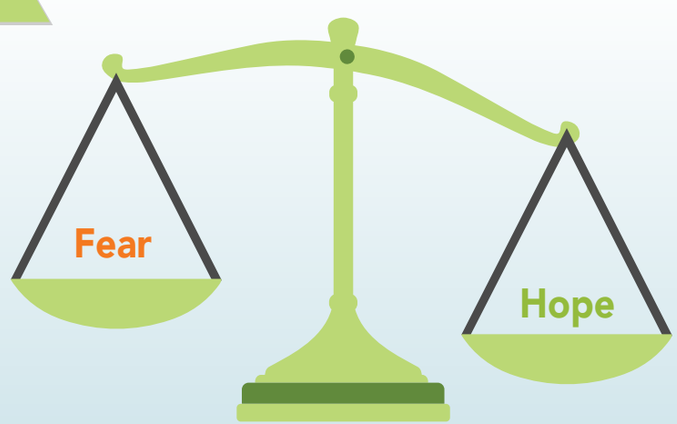
- There is significant damage to the joint cartilage
- There has been significant pain for over 3 months
- There is significant difficulty in performing important actions, stemming mainly from the problem joint.
- The pain and restriction cause subjective suffering that is graded 5 or above on a scale from 1 to 10
- No other solution has been found
- The probability of success and risk of complications are reasonable

2 Define where you stand

To what degree is recovery expected to be difficult for you and how probable is that in your case?

To what degree is surgery expected to improve your quality of life if successful, and what is the probability of success?

3 Weigh



How do I know if I need joint replacement surgery?

Each year, the quality of life of more than a million people is improved thanks to surgery to replace a knee or hip joint. Hip and knee replacement surgeries rank second and third in the list of highly successful surgeries in modern medicine (after cataract correction) but, as successful as they are, joint replacement surgery aims at improving the quality of life but it does not save lives. Even if the risk involved is minor, complications may still arise, and recovery from the surgery is...how do I put it? no picnic. Which is why I explain to anyone consulting with me about joint replacement that no one "needs" joint replacement surgery. Sometimes it's advisable to have the surgery, and maybe even very advisable, but it's never "necessary."

I was told that the cartilage in my joint is completed destroyed. Doesn't that mean it has to be replaced?

We are not vehicles, and our joints are not tires. About a third of those with seriously damaged cartilage will not suffer from pain at all, and if there is pain, it is often not severe and does not interfere with quality of life. Even if the pain does interfere with quality of life, the damage may still be bearable and not require a drastic solution such as joint replacement. In contrast to what is commonly believed, pain and restriction in the vast majority of cases does not worsen over time. And consequently, if the problem is not currently serious, it will probably always remain that way. The consensus therefore is that knee or hip replacement is not "necessary" because of cartilage damage!!! Surgery is only relevant if there is pain that significantly interferes with the quality of life. It must be stated that if there is no serious damage visible in an x-ray, improvement is less likely after joint replacement. Therefore, significant cartilage damage is usually a prerequisite for joint replacement, but is not a reason to have one.

To what extent can joint replacement surgery help me?

An 85% outcome from knee replacement and a 90% outcome from hip replacement are deemed successful or very successful. But being statistics and as statistics, your specific chances to benefit from surgery depend on your unique variables. For instance, if you experience sharp pain that often accompanies various sorts of movements, there's a very good chance it will be alleviated after surgery. If you experience pain while walking which severely restricts your ability to walk more than a few hundred meters at a time, the chance of improvement is good. If you only feel pain when you're going up or down stairs, standing up from a sitting position or getting out of a vehicle, but have no pain at all when you walk, there is still a good chance of improvement., but not as good as in the other instances mentioned above. If you have carried a lot of pain for a long time, you still have a chance to get rid of it, but less of one than if you would have opted for surgery at an earlier stage. The surgeon can explain to you the other characteristics that increase or decrease the chances of success.
For the most part, the success of surgery

lies more in reducing pain and slightly less in improving functioning. The distance you cover and your pace of walking are expected to improve after surgery, and there are even cases where physical work and intensive sport may be resumed after surgery. But if your intended outcome from surgery is not pain reduction, but rather to permit you to resume hours of walking, hard physical labor or extreme sport, it's perhaps worthwhile to rethink the advisability of your choice. It's important to discuss your expectations of the surgery with your family doctor and your surgeon to clarify how realistic they are. I've seen cases where the surgery was objectively extremely successful, but the patient was nonetheless dissatisfied because of unreasonable expectations. Sometimes, besides the problem in the joint that is relevant for surgery, there are other problems that interfere with mobility such as back aches, foot pain, blood vessel and nerve problems. When such problems are present, a situation may occur wherein significant movement limitation may remain, and your quality of life may not really improve even though the joint pain has decreased. Another possibility is that your pain may not originate in the joint at all. For instance, a problem in the back could trigger pain in the knee or hip, and it will be difficult for you to discern where the pain is coming from. An x-ray doesn't really help in such a case, since there could be severe damage to the cartilage which is not causing the pain, and simultaneous pain radiating in general from the back. Is it now clear why a decision about surgery should not be made based solely on an x-ray? A basic physical examination by an expert can determine the source of pain in most cases, and if any doubt remains, injecting an anesthetic agent into the joint can facilitate the decision.

I have a variety of medical problems. Isn't surgery dangerous for me?

Although knee or hip replacement surgery is considered major surgery, it does not involve high risk of complications for most patients. Of course, being surgery and as surgery, unexpected things could happen and it must be understood that any action performed in hospital carries a certain level of risk (even childbirth sometimes has an unanticipated culmination). The risk obviously increases when more health problems are involved, and especially at an advanced age. The risk level makes surgery less advisable in the following situations among others: severe renal failure, significant heart failure, chronic skin infection (erysipelas) near the surgery site or any other infection. The risk level may be high if you have vascular disease (of the heart, neck brain or leg), if you suffered a heart attack or a stroke, have uncontrolled diabetes or hypertension, if you have recurring skin infections of the leg targeted for surgery, if you smoke or have significant lung disease. The best way to get to know the risks involved in your particular case is to discuss your general condition with the family doctor, with the surgeon, and if necessary – with specialists in fields related to the problems you have.

I'm in a lot of pain, but still not sure I can handle the recovery period

Many patients confide in me about their fear of being bed bound after surgery

"for three months." You don't need to worry about this – the core of the Rapid Recovery method I use is early walking, and most of my patients start walking on the day of the surgery. It's therefore hard to speak about three months in bed after joint replacement, severe pain – yes, bed bound – absolutely not! Almost everyone finds they can climb up and down a step or two the day after surgery, and a large percentage of the patients can go up and down an entire flight of stairs at this point. In the first week after surgery, most patients could make themselves a cup of coffee and toast, and for most, a walker or crutches were not required beyond six weeks after surgery. It is highly probable that anyone who walked without a cane before surgery can resume walking without a cane about three months after surgery. Most of those who worked prior to surgery can resume work within 3-4 months, especially if no physical labor is involved. Most processes happen faster with hip replacement. We've discussed functioning so far, but have hardly mentioned the issue of pain. Knee replacement is a very, very painful surgery. Anyone who comes for surgery without understating this is likely to be unpleasantly surprised. In the first three days, most patients experience frequent instances of severe pain, with moderate to mild pain between attacks (and this with drugs). After three days, it's common for the pain to ease significantly, and a further alleviation is expected after three weeks. The rate of pain reduction is different from person to person. For the majority, severe pain passes away within about a week after hip replacement, and the entire recovery process is faster.

I was told that the implant only lasts 10 years. Is this true?

Absolutely not! As per existing data, it can be stated that out of every 100 joints replaced at present, less than ten will have a malfunction that requires another replacement at any point. The rest will probably hold for many more years. It can thus be stated that an artificial joint lasts a lifetime. The need to have an additional joint replacement is considered an unfortunate and rare occurrence.

if the severity of my problem justifies surgery?

Is it a bit hard for you to complete the marathon due to slight pain in your knee? You are most probably not the ideal candidate for knee replacement surgery. Do you need a day of rest due to hip pain after a two-week trek in the Costa Rica jungle? That's certainly not a reason to have hip replacement surgery. If the pain is annoying but no more than that, and does not significantly interfere with functioning, any reasonable surgeon will recommend that you consider avoiding surgery. There are surgeons who suggest opting for surgery only when it's impossible to walk more than ten or twenty meters, or if every small movement is painful. As far as I'm concerned, it doesn't matter how far you can walk, it matters where you get to. In other words, I believe it's not that important if you have a walking impediment, what's important is whether you find it hard to do the things you consider important to do. One of my patients put it like this: "I go to the concert almost every day, and I have four sorts of days: days I get to the concert pain free and enjoy myself, days I get to the concert and enjoy myself despite any nagging

pain, days I get to the concern but don't enjoy myself due to severe pain and days when the pain is just so severe that I don't get to

the concert." For you that concert could be exploring nature, traveling abroad, going shopping, preparing for Shabbat or playing with your grandchildren. My approach is that if the pain does not interfere with your personal "concert," it doesn't make much sense to have joint replacement surgery. Even if you aren't enjoying the "concert," it's still doubtful that it bothers you enough to justify surgery. I ask my patients which actions they can no longer perform without severe pain. However, the more important question I clarify is how much they miss the activity they can no longer easily engage in. In conclusion, a decision on joint replacement should not be made based either on how much it hurts you or on how hard it is for you to function. The decision about surgery should be made based on the question of how much the problem keeps you from enjoying life. The degree to which your problem bothers you is called "subjective suffering" in professional jargon. I suggest that you rank the subjective suffering caused to you by your joint problem on a scale ranging from 0 to 10 (0 = "I have knee pain but I do what I want and it doesn't stop me from enjoying life at all, and 10 = This pain does not allow me to enjoy anything. I don't have a life at all"). I suggest you do not consider surgery unless the problem is more severe than a grade of 4 on this scale. If the problem is more severe than that, and all other options have been exhausted, surgery could be relevant

I suffer a lot, but really don't want surgery. Are there any other solutions?

Before proceeding with surgery, you should check if one of the following types of treatment is relevant:

1. Wait for spontaneous improvement:

If the pain has bothered you for years, but didn't keep you from being satisfied with life (Grade 3 suffering on the scale above), and two months previously there was deterioration until it got really difficult for you (Grade 8 suffering), it's not certain that you should rush to have surgery. It could very well be that in another two to three months, the pain will go back to what it was before it worsened. In exactly the same way, if you never had pain, and severe pain manifested two months previously, even if an x-ray shows that there is no remaining cartilage in the joint, that's not a reason to rush to have surgery. If you managed fine without cartilage to this point, it's entirely possible for the pain to disappear just as it came. How long should you wait? I usually recommend not to even think of surgery before three months have gone by since serious pain occurred, and most of the time, I recommend waiting half a year. Occasionally I've had patients who were on the verge of losing their minds because of the pain, and I agreed to operate them at an earlier stage. The more severe the pain is, the more I am inclined to recommend not waiting much longer than 6 months. On the other hand, when periods of deterioration recur constantly, it could cumulatively create an objective suffering grade that is higher than 4. In the past, I have operated on patients after two weeks of deterioration because that was one of many prior deteriorations and, in effect, they had a severely limited capacity to enjoy life.

2. Adopt an intensive treatment program based on physical activity and activeness while avoiding pain:

"Active – Therapy" is the name of a book I published a few years ago, which offers such a program. I recommend that every patient adopt the principles of "Active – Therapy" for at least a few weeks before opting for surgery. If the desired improvement occurs, that's excellent. If not, and if surgery is chosen, then acting according to the principles of "Active – Therapy" is the best possible preparation for surgery and can help to achieve a faster, easier recovery following it.

3. Have "Life Replacement Surgery"

I have known people who completely lost their ability to walk, and despite this they had a wonderful family life, a successful career and a life rich with leisure activities. In fact, the level of life satisfaction among some of them was higher than my own. These individuals lost their ability to live the life they were used to, but adopted drastic lifestyle changes rather than giving up on life. Not everyone succeeds in choosing a new life and rehabilitating themselves after losing their walking ability, but those who do are living proof that this is possible. Most of us are used to a lifestyle where mobility is essential, and when knee or hip pain cause movement difficulty, life can get to be unpleasant. In theory, a life change to one that is less dependent on mobility can drastically improve the capacity to enjoy life.The lifestyle change I suggest requires that the patient abandon the desire to go back to being "normal." The desire to be "normal" can make the limitation worse. In order not to feel "handicapped" many of my patients refuse to change the way in which they derive pleasure and satisfaction from life, and consequently they no longer enjoy life. Maybe this is the way they feel "healthy" but in fact, they are more handicapped than those restricted to wheelchairs who work, travel and get a lot done. I suggest to a patient whose quality of life is seriously impacted to consider adopting lifestyle changes that will allow them enjoyment without any major walking. It's possible to enjoy trips with more driving and less walking. It's possible to change the way one works in the kitchen and to cut it down overall, and still host the family. It's possible to switch from going somewhere by foot to getting there by electric scooter. It's also possible to replace going out with friends with increasing the frequency of social get-togethers at home and increasing the amount of social network activity. This approach can serve as an excellent substitute for surgery, but … if it were that simple, I would perhaps have to abandon my career as joint replacement surgeon. In fact, these are drastic changes which require the uprooting of elements that were a part of life for decades and replacing them with new things. This is the reason I call this approach "Life Replacement Surgery." My experience with thousands of patients is that it's easier for patients to deal with what's involved in joint replacement rather than to change

their lives. Occasionally, I have had patients who were happy to make a life change rather than do a joint replacement, and I suggest that everyone only opt for surgery after having considered Life Replacement Surgery.

In conclusion:

If the pain is recent, I suggest waiting. If "comprehensive treatment based on physical activity and activeness while avoiding pain" has still not been attempted, I suggest trying such treatment for at least three months. If the pain is ongoing, and if the above treatment is no longer appropriate, I explain that there are three options: 1. Continue suffering, 2. Have joint replacement surgery and 3. Have Life Replacement Surgery. The typical reaction to this explanation is "Tell me doctor, isn't there any other solution that will decrease my pain? They sometimes show me a newspaper ad offering some magic solution and sometimes they tell me about a friend who tried some treatment which helped them tremendously. I simply say this: There is no magic solution for pain in the damaged joint. In many cases, after a while the pain passes by itself, and this is why there are so many magic treatments that "really work." Hard work based on the principles of "Active – Therapy" can lead to significant improvement, but is probably won't make the pain disappear. Therefore, faced with severe and ongoing pain which does not respond to comprehensive therapy, there are three and only three ways to cope: change your life, replace the joint or continue suffering.

The pain doesn't currently prevent me from enjoying life, but isn't it preferable to have surgery now, and not delay until it's too late?

For the most part, no! The probability of it worsening over time is less than 03%, and even if it worsens in the future, it's uncertain whether it will ever reach a stage that justifies surgery to you. There is also no certainty that with age medical problems will manifest in you, thus making surgery impossible later. Although it's a gamble if you opt not to have surgery, if the problem isn't currently serious, it's also a gamble if you opt to have surgery, and the odds aren't necessarily better.

On the other hand, if the severity of your condition at present justifies surgery, there is no sense in delaying it too much. If you carry pain around for too long, and one day you reach the end of your rope and opt for surgery, the chances of reducing the pain are lower. Furthermore, avoiding activity due to pain leads to reduced functioning with time, and this could cause irreversible damage. Thus, if you delay surgery too much, it would be too late. Time works against you at a more advanced age, the more medical problems you have, when pain is severe and when the level of functioning is low. When time works against someone, I offer the choice: have the surgery now or never. I totally support anyone who chooses to remain with the pain and limitation, and to not have surgery.

To me it seems inappropriate to say: "At present I have severe pain that significantly impairs my functioning, but I will only opt for surgery when I can no longer walk at all." When one gets to this stage, for the most part it is too late to have surgery. If your problem isn't that severe, if your age isn't too advanced, if the condition of your health is reasonable and, most of all, if you succeed in maintaining physical activity, you can delay the decision a little, even if the current condition justifies surgery.

Is joint replacement an option at my age too?

Even without a solid scientific foundation, I feel confident stating that the ideal age for joint replacement is between 60 and 80. Between the ages of 80 and 85, the risk for complications starts increasing, and over the age of 85 it is high enough for me to advise my patients to thoroughly examine whether the benefits of surgery are worth the risks involved. I have performed hip replacement in some 93-year-old patients, and a few knee replacements in those over 85, but such cases have been few and far between. As far as knee replacement surgery is concerned, too young an age could also prove to be problematic. I encourage patients below the age of 55 to make every effort to delay surgery, but nonetheless have come across cases where the severity of the problem justifies surgery even below the age of 50. Between 55 and 60, I'm more flexible. There is not science involved here, and I'm sure there are joint surgeons who ascribe less importance to age. It's important to mention that age is only one variable among the many considerations for and against surgery.

So, from all this, how do I decide if it's advisable for me to have surgery?

So here it is, on one side of the scale, you have to weigh the severity of your current subjective suffering and your belief that surgery will put the smile back on your face. On the other side of the scale, you have to weigh your fears about recovery and the risk of complications. It can be summed up like this:

The decision about joint replacement must be made by comparing your hopes of improvement to your fears about the difficulty involved in recovery and the risk of complications.

Hope indeed stems from the chances of success, but for one patient the promise of a 50% chance of improvement in his severe suffering is a beacon of light, and another person won't be satisfied with less than a 100% success guarantee. The fear stems from the probability that there will be complications, but here too, for one person a 2% chance of a complication is negligible, and another person will feel that even a one in one hundred thousand risk is a serious one. This is not a decision about whether or not to take antibiotics for pharyngitis, or whether to treat diabetes. This is surgery to improve the quality of your life, and the decision on how much the hope of such improvement justifies the risk involved is yours and yours alone. Your family doctor and your surgeon can give you statistical data of the chances and risks involved, your family and friends can discuss your hopes and fears with you, but the joint that will be replaced belongs to you, not to your doctors, family members of friends.

I have made up my mind to have surgery. Is there anything I can do to recover from it faster?

Yes, you can do a lot! In the last two decades substantial scientific knowledge has accumulated about the physiology of recovery from joint replacement: whether knee or hip. Based on this knowledge, a method was developed called Rapid Recovery in English. The method includes comprehensive preparation, minimal use of surgical methods and anesthesia, early mobility after surgery and the "smart" treatment of pain. You can download my guidebook on the subject at my site (the address is in the footer).

Joint Replacement Consultation and Preparation Clinic

In my experience, when it comes to deciding about surgery, on paper explanations such as these are great, but when we get to the crux of the matter, most people remain confused. After 15 years of performing joint replacement surgery, and after discussions with thousands of individuals considering surgery, it's clear to me that such a decision requires a special approach. Therefore, I operate a designated consultation and preparation clinic for knee or hip replacement. In this clinic I evaluate the condition of the patient, the impact of his or her unique characteristics on the chances of success and the risk of developing complications. Together with the patient, I try to understand how the problem affects their perception of the quality of life, and to identify their hopes and fears. I would be lying if I said that I have definitive answers for each and every patient, or even that I have answers for most of them. I'm proud that I don't consider myself someone who hands out ready-made answers, but who instead teaches a person to ask the right questions. For those who decide to have surgery, I guide them in the way to achieve the best possible state before surgery so as to reduce risk of complications and to maximize the recovery process.

I wish all those who need to read this booklet an easy and quick recovery.
I would be happy to answer any questions you have and be of assistance if so needed.

Dr. Amir Rubin
Telephone: 053-622-4090.

A decision about joint replacement is not made offhand

No one "needs" joint replacement, but it's sometimes truly advisable.
Throughout my career as a joint replacement surgeon, I explored the dilemma of those who want to get rid of pain but are afraid of surgery. The understanding that the decision must ultimately be made by the patient led me to write this guide.
"The Definitive Guide to Help You Decide" is intended to explain the complexity of a decision either for or against surgery, and details how the state of the joint, the overall situation and other variables in the realm of body and mind have an impact on the decision.
But before you take such an important step, you deserve to have an experienced surgeon who truly understands your condition and your dilemma give you the tools to reach a decision that's right for you.

Dr. Amir Rubin
A different approach to joint replacement

Contact me:

Telephone: 053-622-4090
E-mail: birkayim@gmail.com
Website: www.birkayim.com