ORTHOPAEDICS WA

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THE NON-OPERATIVE MANAGEMENT OF KNEE OSTEOARTHRITIS (OA)

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Your surgeon has made the diagnosis of knee osteoarthritis (OA), which is wear and tear of the cartilage in your knee joint. The severity of this can be very variable, both in terms of Xray or MRI changes and symptoms. It is possible to get on top of your symptoms even with quite advanced arthritis. Below is a list of interventions, in order of importance, which can be more successful than surgery for the long-term management of mild to moderate knee arthritis.

WEIGHT LOSS

Being overweight is a common risk factor for osteoarthritis. If you are not overweight, you need to maintain your healthy weight. The good news is, that if you are overweight, weight loss can relieve many of the symptoms of OA. There is no doubt that weight loss can be difficult to achieve. There are many different approaches to weight loss, including speaking to your GP and/or dietician. I like the scientific and commonsense approach of BBC science journalist and doctor Michael Mosley, who has popularised the 5&2 and Fast 800 diets. There are many online resources and books under his name, including a structured online program at "www.thefast800.com".

REGULAR EXERCISE

There is good scientific evidence that regular weight bearing exercise can help the symptoms of arthritis and reduce pain-killer requirements. Exercise can help with weight loss and improves mental wellbeing. Certain exercises can aggravate your arthritis, and it is important to find what works for you. Your physiotherapist or exercise physiologist can help with this.

AVOIDING AGGRAVATING FACTORS

Certain working positions, such as squatting, or high impact exercises, can aggravate your knee arthritis. Everyone's response to these is different, and it is important for you to identify what aggravates your knees and find a work around. For example, knee pads for kneeling at work, or cycling/rowing machine instead of running.

PHYSIOTHERAPY

Your physiotherapist is a paramedical expert to help you manage your OA. Through a combination of education, stretches and exercises, your physio is a key person to help you improve function and pain relief. There are various technologies and machines that can be employed, but these have limited application in OA management.

WALKING STICK OR HIKING POLES

These are excellent! Many people hate the idea of needing a walking stick and refuse to use one. It is much better, however, to walk elegantly with a stick than hobble without one. Your physiotherapist can show you how to get the most out of your walking aid.

Hiking poles can make you an athlete rather than an invalid! There are many different types, some very expensive, but you can pick up a pair for between $50-$100, don't pay too much. Used correctly, these poles will help you go further, faster for longer with less pain. Your physio can help you use these correctly, alternatively google "Inspiration Outdoors proper hiking pole technique".

SIMPLE PAIN KILLERS

Over the counter medicines such as Panadol and ibuprofen can be safe and effective in reducing some of the pain of OA. These medicines can be taken in combination for greater effect. You should always read the label, never take greater than the suggested dose, and keep in touch with your GP to monitor long term usage. There are some contraindications to certain medicines if you have for example liver or kidney disease, stomach ulcers and high blood pressure. Your GP can advise you on the safety of these pain killers, as well as stronger alternatives if your pain is not controlled. In general opiates are not good pain killers for OA.

Anti-inflammatory gel (eg Voltaren gel) can be as effective as tablets with fewer side effects.

DIETARY SUPPLEMENTS

There are many lotions and potions purported to help with the pain of OA. There are no wonder cures, but some things can work better than others. As long as it is safe, and not too expensive, many mainstream supplements can be worth a try.

Glucosamine and Chondroitin Sulphate are the building blocks of articular cartilage. Taken as a dietary supplement, the scientific evidence of their benefit is patchy. They are usually safe and well tolerated. They are worth taking for 6 months and reassessing the personal benefit. Continue with them if you feel they are positive and discontinue if you feel no benefit.

STEROID INJECTIONS

These can be used occasionally to calm down an inflamed knee. The benefits are usually short lived but can get you through a flare up in pain. There is a small risk of infection, and the injection does not always help.

OTHER INJECTIONS

There are various substances that can be injected into the knee, including hyaluronic acid (HA), platelet rich plasma (PRP), and stem cells. In general, the science has been overtaken by the marketing, and the benefits of many of these injections is disappointing

There is more recent scientific evidence to suggest that PRP injection may provide the most effective pain relief for knee osteoarthritis. These injections can be administered at a local imaging provider, there is cost involved for this service.

SURGERY

Surgery is always the last resort. The majority of early knee flare ups settle down with time and non-operative measures. If your knee is very osteoarthritic, and the pain is uncontrolled, then joint replacement is likely to be the only suitable surgical option.

Knee arthroscopic debridement is useful for a number of conditions, especially if there is no established osteoarthritis. In certain circumstances, if you have exhausted all non-operative measures, arthroscopy may have a role to play.

Further information is available on the OrthopaedicsWA website.

When you feel ready for joint replacement book an appointment to see us again.