

# YOUR GOOD HEALTH

## Replacement regret

Knee surgery oversold as fix for pain, arthritis

By Liz Szabo  
Kaiser Health News

**D**anette Lake thought surgery would relieve the pain in her knees.

The arthritis pain began as a dull ache in her early 40s, brought on largely by the pressure of unwanted weight. Lake managed to lose 200 pounds through dieting and exercise, but the pain in her knees persisted.

When a doctor said that knee replacement would reduce her arthritis pain by 75 percent, Lake was overjoyed.

"I thought the knee replacement was going to be a cure," said Lake, now 52 and living in rural Iowa. "I got all excited, thinking, 'Finally, the pain is going to end and I will have some quality of life.'"

But one year after surgery on her right knee, Lake said she's still suffering.

"I'm in constant pain, 24/7," said Lake, who is too disabled to work. "There are times when I can't even sleep."

Most knee replacements are considered successful, and the procedure is known for being safe and cost-effective. Rates of the surgery doubled from 1999 to 2008, with 3.5 million procedures a year expected by 2030.

But Lake's ordeal illustrates the surgery's risks and limitations. Doctors are increasingly concerned that the procedure is overused and that its benefits have been oversold.

### Inappropriate candidates

Research suggests that up to one-third of those who have knees replaced continue to experience chronic pain, while 1 in 5 are dissatisfied with the results. A study published last year in the *BMJ* found that knee replacement had "minimal effects on quality of life," especially for patients with less severe arthritis.

One-third of patients who undergo knee replacement may not even be appropriate candidates for the procedure, because their arthritis symptoms aren't severe enough to merit aggressive

intervention, according to a 2014 study in *Arthritis & Rheumatology*.

"We do too many knee replacements," said Dr. James Rickert, president of the Society for Patient Centered Orthopedics, which advocates for affordable health care.

Although Americans are aging and getting heavier, those factors alone don't explain the explosive growth in knee replacement. The increase may be fueled by a higher rate of injuries among younger patients and doctors' greater willingness to operate on younger people, such as those in their 50s and early 60s, said Rickert, an orthopedic surgeon in Bedford, Indiana. That shift has occurred because new implants can last longer — perhaps 20 years — before wearing out.

Yet even the newest models don't last forever. Over time, implants can loosen and detach from the bone, causing pain. Plastic components of the artificial knee slowly wear out, creating debris that can cause inflammation. The wear and tear can cause the knee to break. Patients who remain obese after surgery can put extra pressure on implants, further shortening their lifespan.

The younger patients are, the more likely they are to "outlive" their knee implants and require a second surgery. Revisions are also more likely to cause complications.

Yet hospitals and surgery centers market knee replacements heavily, with ads that show patients running, bicycling, even playing basketball after the procedure, said Dr. Nicholas DiNubile, a Havertown, Pa., orthopedic surgeon specializing in sports medicine. While many people with artificial knees can return to moderate exercise, it's unrealistic to imagine them playing full-court basketball again, he said.

Rickert said that some patients are offered surgery they don't need and that money can be a factor.

Knee replacements, which cost \$31,000 on average, are



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"really crucial to the financial health of hospitals and doctors' practices," he said.

### Ignoring alternatives

Yet surgery isn't the only way to treat arthritis.

Patients with early disease often benefit from over-the-counter pain relievers, dietary advice, physical therapy and education about their condition, said Daniel Riddle, a physical therapy researcher and professor at Virginia Commonwealth University in Richmond.

Studies show that these approaches can even help people with more severe arthritis.

And surgery also carries risks. Surgical patients developed four times as many complications, including infections, blood clots or knee stiffness severe enough to require another medical procedure under anesthesia. In general, 1 in every 100 to 200 patients who undergo a knee replacement die within 90 days of surgery.

### Making informed decisions

Doctors and economists are increasingly concerned about inappropriate joint surgery of all types, not just knees.

Inappropriate treatment doesn't harm only patients; it harms the health care system by raising costs for everyone, said Dr. John Mafi, an assistant professor of medicine at the David Geffen School of Medicine at UCLA.

To avoid inappropriate joint replacements, some health systems are developing "decision aids," easy-to-understand written materials and videos about the risks, benefits and limits of surgery to help patients make more informed choices.

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