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Bicompartmental knee replacement

Hi all About 6 years ago I had a knee replacement. For some reason it didn't work out and even though the doctor tried everything from extracting fluid to injecting some other material ... nothing helped. So about a year later I had a revision. That worked much better. I still have trouble with it though when I get out of a chair that's when I can feel the ache. Also, when it rains, my knee is a great barometer. Now the other knee is acting up and I'm dealing with it with Motrin when it's more sore and this is another barometer too. I've decided that if I ever have to have the other one done, which may be, I'm going back to the doctor who did the first one. He is in Frederick, MD, and I moved to Stanton, VA 4 years ago. The doctor that did the surgery is the best one in the whole area up there (Frederick is outside of D.C.), and I'm familiar with his methods. And, I loved the rehab. place where I went. So, we'll see what happens I know my kids won't be happy if I go up there (my 2 girls live down here and my son is in Alexandria, VA., but it's my body. So we'll see what happens in the future. abby I just had total knee replacement surgery 5 days ago. Been doing fairly well managing pain other than when I am lay down with or without ice and go to get up slide my leg off bed slowly to floor and get the most intense pain. It appears to be worse in lower leg below the knee next to impossible to continue to stand. If I can hang in there for 1-2 minutes then I can start to walk and once I get moving it subsides. It just feels like lower front leg is going to tear open. I did have my second therapy session and would like to get up more but the pain is so intense. I don't know what is going on or what to do URL of this page: Also called: Knee arthroplasty Knee Rehabilitation Exercises (American Academy of Orthopaedic Surgeons) Deep Vein Thrombosis (American Academy of Orthopaedic Surgeons) The information on this site should not be used as a substitute for professional medical care or advice. Contact a health care provider if you have questions about your health. Knee replacement surgery is not usually the first option for treating knee pain. Various alternative treatments may help bring relief.If you're experiencing knee pain, ask your doctor about less invasive ways to address it. Here are some suggestions.Experts strongly encourage people who are overweight or with obesity to lose weight and exercise. Together, these measures can help slow joint damage and reduce pain. Research shows that every extra 10 pounds increase the chance of developing knee osteoarthritis by 36 percent. At the same time, losing 10 pounds may mean you have 4 times less force pressing on your knees. Suitable activities include: walkingcyclingstrengthening exercisescneuromuscular trainingwater exerciseyogatai chiExperts note that exercising with a group or a physical therapist may be more effective than exercising alone. They also recommend choosing an activity that you enjoy and can afford. A healthcare professional can advise on suitable exercises.A physical therapist can work out a plan to reduce pain and strengthen the key muscles that affect your knees. They can also work with you to make sure you're doing the exercises correctly. They may apply ice and heat to reduce pain and inflammation. Knee injections of hyaluronic acid are thought to lubricate the knee joint. This may help improve shock absorption, reduce pain, and improve knee mobility. Experts do not currently recommend using these injections, however, as there is not enough evidence that they are proven to work.Over-the-counter (OTC) medication may help manage knee pain.Options include: over-the-counter pain relief drugs, such as acetaminophentopical and oral nonsteroidal anti-inflammatories (NSAIDs)topical creams that contain capsaicin Prescription optionsIf OTC treatments do not work, your doctor may prescribe stronger medication, such as duloxetine or tramadol. Tramadol is an opioid, and opioids can be addictive. Experts only advise using tramadol if you cannot use other medications, and they do not recommend any other type of opioid.Corticosteroid injectionsAnother option is to have a steroid injection into the affected area. This can reduce the pain and inflammation in your knee. The pain usually reduces within a few days, and relief lasts several weeks.Some researchers have questioned the long-term use of steroids. One study found that, after 2 years, people who received steroid injections had less cartilage and no improvement in knee pain. However, guidelines published in 2019 support their use.Acupuncture is an ancient Chinese technique that may help relieve pain. It uses sharp, thin needles to change the flow of energy within the body. Research shows that acupuncture can help manage knee pain in the short term. Current guidelines tentatively support the use of acupuncture in treating knee pain, but note that its benefits are not entirely clear. Risks of acupuncture are low, so acupuncture may be worth trying. In prolotherapy, a healthcare professional injects an irritant solution into the ligament or tendon to increase blood flow and supply of nutrients. This treatment aims to stimulate the healing process by irritating the tissue.A dextrose solution, which is a sugar mixture, is usually used. In one study, people with knee osteoarthritis received five injections 4 weeks apart. They reported their pain levels had improved 26 weeks after the first injection. After a year, they still felt the improvement. Researchers say this procedure is likely safe and appears to help relieve pain, but they are still calling for more research.Current guidelines do not recommend using prolotherapy.A surgeon may suggest arthroscopic surgery to remove bone fragments, pieces of torn meniscus, or damaged cartilage, as well as repair ligaments. An arthroscope is a type of camera. It allows a surgeon to view the inside of your joint through a small incision. After making two to four incisions, the surgeon uses the arthroscope to operate on the inside of your knee.This technique is less invasive than traditional surgery. Most people can go home on the same day. Recovery, too, is likely to be quicker.However, it may not help in all types of knee arthritis.This experimental treatment uses bone marrow stem cells from the hip to help regenerate cartilage tissue in the knee. Studies have shown that stem cell therapy can help reduce knee pain and improve function, but it does not appear to result in cartilage regrowth.Stem cell treatment for joint injuries is not yet part of medical practice. Experts do not currently recommend stem cell injections for osteoarthritis (OA), as there is no standardized treatment method yet.Another experimental treatment involves injecting an osteoarthritic knee with plasma-rich protein (PRP) in three steps.A healthcare provider takes some blood from the person who needs the treatment. Using a centrifuge, they separate the platelets that contain growth factors from the blood. Then, they inject these platelets into the knee joint.Current guidelines advise people not to use this therapy, as there is a lack of standardization in preparing and administering the injections. This means it is not possible to know what the preparation consists of. People with a knee deformity or damage to only one side of their knee may benefit from an osteotomy. This procedure shifts the weight-bearing load away from the damaged area of the knee. However, knee osteotomy is not suitable for everyone. It is usually used for younger people with limited knee damage.Devices that may help include:a walking cane, which can help with balancea knee brace, to support the knee jointKineseo tape is a form of support dressing that encourages the body to heal naturally by increasing blood flow around a muscle. It also supports the joint while allowing it to move freely. It can relieve pain and may help prevent OA from developing or getting worse.Current guidelines do not recommend using modified shoes or lateral and medial-wedged insoles.Current guidelines advise people not to use:transcutaneous electrical nerve stimulation (TENS)glucosamine and chondroitin sulfate supplementsbisphosphonateshydroxychloroquinemethotrexate biologicsBefore opting for knee replacement surgery, it's important to consider all your options. However, if you feel you have tried everything or your surgeon suggests a total or partial replacement, it may be time to consider surgery. What is arthrofibrosis?Arthrofibrosis is also known as stiff knee syndrome. The condition sometimes occurs in a knee joint that has recently been injured. It can also occur after surgery on the knee, such as a knee replacement. Over time, scar tissue builds up inside the knee, causing the knee joint to shrink and tighten.Scar tissue from arthrofibrosis can severely impact your knee's range of motion. In the most severe instances, it can result in a permanent inability to bend and straighten the knee.The incidence of arthrofibrosis is extremely low. Some knee stiffness following a total knee replacement is normal. Slight stiffness may persist for months or years and become more apparent after exercise or activity. However, if arthrofibrosis occurs, certain symptoms are common:Flexed knee gaitYour gait is the cadence and form by which you walk. It can indicate the health of your knee alignment and motion. Walking with a bent knee can be a sign of stiffness and may indicate that you're developing arthrofibrosis.Worsening pain in the kneeNormally, pain steadily decreases after surgery. If you experience an increased amount of pain, talk to your doctor. This could be the result of arthrofibrosis, especially when it occurs along with reduced flexibility.Ongoing swellingArthrofibrosis causes swelling in the soft tissue around your knee. This is different than swelling due to fluid buildup. Your doctor can determine the cause of the swelling and treat it.Weak quadricepsIf you're unable to contract your quadriceps muscle in the front of your leg or have other issues moving your leg, ask your doctor to check your knee for arthrofibrosis.Hotness around the kneelf's normal after surgery to feel that your knee is warm or hot. However, contact your doctor if a feeling of warmth remains after two or three weeks.The likelihood of developing arthrofibrosis increases with the severity of the trauma to the knee joint or the length of a surgery. The longer your knee is immobile, the greater your risk of having the knee. If your surgeon gives you a diagnosis of arthrofibrosis, you'll require additional treatment or possibly surgery:ManipulationIn some cases, the surgeon will manipulate the knee to break up scar tissue while you're under sedation or anesthesia.Arthroscopic surgeryA growing number of surgeons are now turning to minimally invasive arthroscopic surgery to remove the scar tissue. This process is called arthrolysis.Open surgeryIn the most severe cases, more aggressive surgery may be necessary. After treatment or surgery, you'll need physical therapy.After the initial treatment for arthrofibrosis is complete, numerous rehabilitation activities are available. They're designed to maintain motion and prevent a recurrence of the condition. These include:use of a continuous passive motion (CPM) machineexercise, such as walking on a treadmill, cycling, and immersion in watertracing Although it's a rare condition, it's important to be on alert for arthrofibrosis. Those who have it are likely to have difficulty recovering and returning to a more active lifestyle. Monitor your range of motion throughout your recovery and talk to your doctor if you notice stiffness or any decline in the function of your artificial joint.Your surgeon may prescribe a CPM machine while you're lying in bed and recovering from surgery. Your surgeon or physical therapist may also provide exercises designed to reduce the risk of developing arthrofibrosis. Using the following may reduce the odds of experiencing arthrofibrosis:a compression dressingscryotherapy, or the application of extreme colda suction drain Knee replacement surgery is among the most common surgical procedures performed around the world. In the United States alone, more than 600,000 knee replacements are performed every year, and expectations are that this number will continue to grow dramatically in the coming decades. Peter Dazeley / Getty Images Current estimates predict that by the year 2030, more than 3 million knee replacements will be performed in the United States every year! A knee replacement is performed to remove a worn out, arthritic joint, and replace it with an artificial implant that is most commonly made of metal and plastic. There are many orthopedic manufacturing companies that produce different implants used in knee replacement surgery. Most of these companies make several different knee replacement prosthetic implants. Is there a way to determine which knee replacement implant is best? Asking orthopedic surgeons what knee replacement is best is like going to a car show and asking people which is the best car. You'll find lots of different answers, and each person thinks they've got the right answer. One of the most important aspects of knee replacement surgery is determining the proper implant to be used in the operation. However, people disagree on what criteria are most important to select the best knee replacement implant. Do you use the implant with the newest design or the implant with the longest track record? Does a surgeon use many different implants depending on each patient, or become most comfortable with one implant for every patient? Should a surgeon use implants suggested or asked for by their patients? Orthopedic supply companies have begun to advertise directly to consumers. The advertisements might make you believe that their implant has been shown to be better than other implants. This has been seen with 'gender-specific knee replacements' and 'rotating knee replacements.' There are thousands of studies published in the scientific literature evaluating various knee replacement implants. Unfortunately, the studies are generally performed to prove that an implant that is coming to the market will perform satisfactorily. Studies have not been performed to compare the long-term results of different implants over decades of time. In the past decade, the American joint replacement registry has been created to establish a database and will collect information about the performance of joint replacement implants in the decades to come. Joint replacement registry such as this has been proven to be helpful in finding underperforming implants and removing them from the market. Over the coming decades, these data will be helpful in guiding decisions about selecting the ideal implant. As of 2019, the American Joint Replacement Registry has enrolled over 1,282 hospitals and surgery centers to participate in collecting data, with over 8,786 registered surgeons. The database currently has information on over one million patients. Again, most of these patients have been enrolled in the past few years. These types of registries are not only important to determine which implant is best, but they can also provide useful information about techniques to perform surgery that may improve results, rehabilitation protocols which may lead to better outcomes, and other information about why some patients do better after knee replacements when compared to others. At the present time, however, we simply do not have sufficient data to determine the best knee replacement implant. The ideal knee replacement implant will allow for normal activities, normal motion, and last the patient's lifetime. The only way to know if these goals will be met is to use the implant in people doing normal activities, and follow their results for decades. Therefore, implants designed recently do not have long-term track records that prove their longevity. Even though we may not know which implant is best, I think there are some helpful principles that can be applied to the selection of the implant that is likely to provide excellent long-term results. I recommend patients and surgeons select an implant that fits the following criteria: Has a reasonable track record of use (minimum of 5-10 years) The surgeon has used the implant many times before Is appropriate for the patient's condition If you have questions about a specific implant, ask your doctor about the knee replacement prosthesis. Ask your surgeon to compare it to the implant he or she usually uses. If you want more information about an implant, you can read more from the company websites. Thanks for your feedback! What are your concerns?

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