



› This knee replacement failed due to a combination of polyethylene wear and osteolysis, an immunologic reaction that leads to implant loosening and bone destruction.

› (Far right) Michael N. Fehm, MD, author of this article, performs a joint replacement with (center) Helene Feiler, MD, and Mary O'Connor, RNFA. Dr. Fehm is an orthopedic surgeon specializing in hip and knee surgery with Excel Orthopedic Specialists in Woburn.

Maintain Regular Follow-Up on Your Joint Replacement

Joint replacement of the hip and knee has been performed since the late 1960s. Although these procedures were groundbreaking in offering hope for those with debilitating arthritis, early implants often demonstrated poor durability.

This was largely due to design problems and the material properties of the implants. Like sawdust generated from sandpaper, friction between an implant's moving parts often created large quantities of plastic and metal particles. These particles then triggered an immunologic reaction that led to implant loosening and bone destruction. This process—known as “osteolysis”—is one of the leading reasons why hip and knee replacements are redone today.

TODAY'S REPLACEMENTS OFFER MORE DURABILITY

Joint replacement has changed dramatically in recent years with the development of new material, new manufacturing technologies, and the evolution of surgical techniques. As

a result, many studies now show excellent durability of implants at 10, 15, and even 20 years following surgery. This improvement provides hope to patients, especially those who are younger and more active at the time of their first hip or knee replacement.

Nonetheless, old and even new joint replacements can develop problems over time. One recent study predicts the replacement rate of hip and knee implants will increase two and six times, respectively, by 2030.

REGULAR CHECKUPS KEEP REPLACEMENTS IN CHECK

Much like an automobile, regular inspection of an implant is important. Most orthopedic joint surgeons follow their

patients annually during the first few years after surgery, and then spread those visits out to alternating or even five-year intervals. With careful clinical and radiographic follow-up, many problems can be detected before total failure occurs. This supervision might prevent more invasive revision procedures associated with longer recovery and other complications.

It is recommended that patients with joint replacements arrange routine follow-up with their original surgeon or a trained joint specialist who can assume their long-term care. It's better not to wait for a problem to surface. Regular X-rays and consultations with a trusted joint surgeon can give patients greater confidence as they stride forward. ■

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