



What Most Surprised You About Your Knee Replacement Surgery?

By Dwaine Rieves

When I posed the question to my husband Greg, he said it was the recovery process. He'd heard stories of near-agonizing post-op physical therapy, the lightning jabs of pain when flexing the joint, and torturous push to make sure the knee went through a full range of motion. It likely would take months to work through the agony. Ultimately, Greg took Tylenol and Motrin for pain, iced the knee between his exercises, and worked through his physical therapy with the kind of stamina you'd expect of someone training for a marathon. He recalled the process as a challenge, but the recovery was far from the agony he said he was expecting.

The reason I ask about your knee replacement experience is because my knees are bothering me and I fear I may ultimately need the surgery. I'm 72 years old, and I have been a runner for over 40 years. I used to run shirtless in short-shorts, and I got so into the rhythm of running in my nearly nude body, I felt less myself and more a fully natural part of every new world that I entered with each running step. Running freed me up. It reassured me. Life is tough, and I may not be able to do more than put one foot before the other, but running helped me realize I could at least put one foot before the other. Running helped me realize that was enough. Running helped me realize how lucky I was to feel good enough.

Greg was also lucky. He had a "partial" knee replacement. I've read that over 90% of people who undergo knee replacement have the whole joint replaced. The "partial" replacement can work if the joint destruction is confined to one side of the knee. When it came to Greg's knee, the one-sidedness turned out to be a good thing.

I doubt I'll be able to keep running. A few weeks ago, I awakened with intense discomfort and some instability in both knees. The trouble followed a 30-minute run (more a "jog" by my old standards) on a treadmill. I haven't run since then. I have done exercises (especially to strengthen the "quads") that supposedly help brace the workings of the knee. Motrin has helped. At the gym now, I've started to row. Rowing doesn't hurt my knees. I like to think the hurt was telling me to take better care of my knees. After all, my body hits my knee with about 160 pounds every time I take a step. In a way, it's amazing that they've lasted this long.

In another way, the hurt has made me read up on knee replacement surgery. Below are some of my observations. Years ago, when I was practicing medicine, I used to take care of people who had undergone knee replacement

surgery. It usually required several days of hospitalization. But that was then, and now the world of knee replacement seems somewhat more navigable. For example:

- What we call "knee replacement" might best be called "knee resurfacing." That's because the procedure typically involves the surgeon sawing off the damaged cartilage surface of the lower thigh bone (femur) and attaching a metal surface replacement for the cartilage. The surgeon also typically saws off the cartilage of the upper shin bone (tibia) and replaces it with a plastic cushion. Sometimes, the damaged cartilage on the back of the kneecap is also resurfaced.
- I like to think of it as similar to repairing the foundation of an old house. The femur and tibia are the largest bones in the body. Sawing into these bones is not a minor undertaking. That said, the procedure has improved greatly over the past many years and is usually outpatient. The American Academy of Orthopedic Surgeons has a nice video on knee replacement: <https://orthoinfo.aaos.org/contentassets/4ed13ea26e3f4e4ca5bfd950c3bb904/total-knee-replacement-animation.mp4>.
- The metal and plastic replacements on the resurfaced bones do not last forever. Most of these surfaces aim to last for a couple of decades. That's because all materials wear down with the pounding that we must do as we step. Alas, it's probably wise to think twice about resuming running after knee replacement.
- The procedure is truly a "joint" affair according to most surgeons, by which they mean it is a combo of surgery and post-op physical therapy. The surgical team commits to skillfully resurfacing the knee and the patient commits to working through the recovery process. This means many weeks of formal physical therapy (intended to help keep scar tissue constrictions from forming in the joint as it heals from surgery) and months of self-guided exercises that should keep the knee flexible and—above all, they say—strengthen the muscles around the knee. "Strengthening the quads" is the go-to saying.

Enough from me. If you've had knee replacement and you have time to pop me an email, let me know what surprised you about the procedure. If there was any goodness in the process, I'd really like to hear about that also. I'm at DCRieves@msn.com.