

JOINT PAIN:

The Real Story

Joint pain can really leave you wondering. That's why Beaufort Memorial gathered not one but four different orthopaedic specialists for a discussion about it. While not intended to replace the advice of a personal physician, this report can address concerns and questions people have about joint pain and replacement.



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How Joint Pain Begins

DR. STODDARD: Painful joints probably don't seem like a big deal to someone who's never had one. But that pain really affects people's lives in unfortunate ways.

DR. BLOCKER: For some it begins gradually. Arthritis occurs when cartilage wears down. It's like rubber on a car tire. This wearing down happens in all of us, but to a higher degree in some.

DR. JONES: Some people may first notice it during weight-bearing activities like standing, walking and sports like golf or tennis. People often feel hip or knee pain because those are the joints that bear our weight.

DR. BLOCKER: At its earliest, the discomfort can be very tolerable. It might be a minor ache or stiffness after standing up from sitting for a while. This usually eases after taking a few steps. As years go by, that stiffness may not ease as quickly and walking longer distances becomes difficult.



Having a Joint Pain Evaluation

DR. JONES: It's important to tackle joint problems early while options are better and before lasting damage occurs. The first step is to see an orthopaedic specialist for an evaluation.

DR. STODDARD: Yes, that's really important. Having an evaluation will most likely include taking X-rays to look for degenerative changes, cartilage loss, bone spurring or arthritis. Based on what's found, the pain can be addressed with conservative treatments such as cortisone or lubrication injections, anti-inflammatories or physical therapy as appropriate.

DR. BLOCKER: When people are having pain that's so bad they can't walk across a room or even go to the mailbox, it speaks volumes. It's also important to understand that conservative measures, initially might have controlled pain successfully, but at some point may stop working as the joint disease progresses. It is usually at this point that joint replacement may enter our discussions.

Living with Pain vs. Joint Replacement

DR. BLOCKER: I think we'd all agree that it's best to go as long as possible with our natural joint. But that doesn't mean you should live in terrible discomfort.

DR. STODDARD: Absolutely. As people become more incapacitated by pain over time, it can lead to other health problems. First they start to avoid certain activities, and eventually they quit doing

things they really like to do. Being very sedentary and inactive has physical ramifications.

DR. JONES: Not addressing pain, or inactivity, as Dr. Stoddard mentioned, can really accelerate deterioration and cause other problems. If a knee is stiff before joint replacement, it can diminish results.

Joint Replacement: Now or Later?

DR. BLOCKER: Everyone's pain threshold is different and although there's no green light to say "now is the time," it usually becomes obvious. I tell people their hip or knee will tell them when it's time.

DR. JONES: The pain is tricky. No one's pain is an eight or nine all the time. Sitting in an exam room, a patient may have no pain. The pain escalates when standing up and moving.

DR. STODDARD: The bottom line for me is, you should be able to live your life, get outside, go for walks, and take the dog out if that's what you want to do.

Preparing for Joint Replacement

DR. JONES: I think there's one thing we'd all suggest to patients before having surgery. That's to optimize their medical and physical health beforehand. The work done there is the difference. People who do often experience a better recovery and greater overall outcome.

DR. STODDARD: Part of that preparation is managing chronic health issues like heart or respiratory problems, hypertension and diabetes. Having control will significantly lower their surgical risks.

DR. BLOCKER: I'd add that it's important to give yourself time to focus on your recovery. I tell people to look ahead and circle a date that has three months of no travel obligations on a calendar after the surgery date. You need to have a good three months before a big commitment like a trip or wedding. You may be ready sooner, but be prudent.

Advances in Joint Replacement

DR. JONES: A lot has changed in just the past couple of years. Now, patients are up and walking just hours after surgery because we know it decreases their risk of developing respiratory problems, blood clots and post-surgical complications.

DR. BLOCKER: It's still remarkable to me when I see a patient walking with a therapist just a few hours after surgery.

SADLER: Another difference is that joint replacement is now really viewed as wellness-based health care. Our patients aren't sick; they're well with a bad joint.

DR. JONES: Research has proven that you only need to be in the hospital for 48 hours provided all goes as expected. That shocks people.

DR. STODDARD: And another surprise for folks is that today's implants can last longer than 20 years. Patients in their 40s have joints replaced. If they need a revision, we have less-invasive options that help us take care of that.





Finding a Joint Replacement Center

DR. JONES: There are many considerations to finding the right place to have surgery. First, be sure you're looking at a focused program. The Beaufort Memorial Joint Replacement Center is not only attuned to the intricacies of joint replacement, it's also achieved specialized accreditations for joint replacement.

DR. STODDARD: Those accreditations are something you have to work hard to keep. That's why our team constantly reviews performance and procedures. In developing the program, we had a Six Sigma engineer evaluate the entire process, from surgical procedures to instrument handling.

DR. BLOCKER: We choreographed the ideal patient care process, and that's what we strive to achieve from pre-surgery to recovery.

DR. JONES: We touched on this earlier, but it's important to know that orthopaedic surgery changes every few years. A hospital has to be willing to embrace new technology and change, too.

DR. BLOCKER: One last big consideration is the level of nursing care. Our nurses are highly specialized in joint replacement so they know what patients need and what problems can arise. They often recognize potential issues early, before they become a problem. They're very tuned-in to those first hours and days after surgery. That's invaluable.

Joint Replacement Surgery Pain

DR. JONES: I think there's a general belief that joint replacement is painful. In the past, knee surgery in particular was very painful. Today, we're better able to control pain. Now we have long-acting anesthetics that are actually placed inside the body during surgery.

DR. STODDARD: Those anesthetics mean most patients experience minimal pain the day they have surgery. As they begin to experience gradual pain

later, we have a range of pain management options that effectively control pain so patients can focus on recovery.

SADLER: We know anxiety has a role in pain, too. People can feel very vulnerable in the hospital. One way we counteract that is to educate them about what's happening so they know what to expect and when.





Life After Joint Replacement

DR. JONES: When we see patients afterward, they usually tell us they wish they'd done it earlier.

DR. STODDARD: That's usually the first thing they tell me, too. More and more I'm also hearing that joint replacement was easier than they thought it would be.

SADLER: When I see former patients out and about, I see them walking without a walker or a cane. They stand taller and look years younger. I love hearing about the cruises and trips they're finally getting to do. You can see their joy.

Joint Pain: The First Step

DR. JONES: Getting back to step one, I'd say that people with joint pain need to investigate the cause. Even if your joint is failing, it doesn't mean you need surgery now.

DR. BLOCKER: Definitely. If you can't participate in activities you enjoy because of joint pain, talk to an orthopaedist.

DR. STODDARD: You don't have to live with pain.

Joint Pain Specialists



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