

Joint Replacement: Debunking Myths & Misconceptions

Joint Replacement, also known as Arthroplasty, is a surgical procedure where all or part of a damaged joint is replaced by metallic or ceramic prosthesis, to restore the function of a joint. The procedure is also known as 'Arthroplasty'; the term having arisen from two Greek words — "arthro" meaning joint, and "plasty" referring to the process of modifying or forming. There is a lot of misinformation and confusion regarding the said procedure. This article is an effort to clarify the general concepts and, to dispel any lingering doubts as to when and whether to opt for this treatment.

The main indication for joint replacement is osteoarthritis (OA). OA is nothing but degeneration of joint articular surface (rubbing surface). Osteoarthritis can affect any joint of the arms and legs but is most common in weight-bearing joints like knee and hip joints. OA has different stages — Stage 1 to Stage 4, depending on the severity of articular cartilage damage. OA may be primary or secondary. Primary OA is due to age-related wear and tear; an inevitable outcome in every individual like greying of hair. In some patients, primary OA occurs early depending on their activity level, muscle strength, and bone mineral density. Secondary Osteoarthritis means OA occurring to some other diseases of the joint, like congenital joint disorders, inflammatory arthritis (rheumatoid arthritis, gouty and psoriatic arthritis etc), post-traumatic (especially after ligament injury which was not addressed scientifically), or avascular necrosis (lack of blood supply).

Arthroplasty is commonly done for knee, hip, and shoulder joints, but is also applicable for elbow, ankle, wrist and even in small joints of hand/foot. Here, only the articular/rubbing surface and the bones are being replaced while the muscles and the neurovascular structures are left intact. Alternatively, we can resurface the damaged compartment of the joint i.e., Resurfacing Arthroplasty, for e.g.,

shoulder resurfacing, partial or unicompartmental knee arthroplasty; patella-femoral arthroplasty.

People are often skeptical about opting for surgery but we should be aware that Joint Replacement is the only treatment option for late-stage OA associated with severe pain, deformity, compromised quality of life and impaired activities of daily living. Many injection treatments have been tested for osteoarthritis, however they are mostly relevant for early OA and they lack long term studies to demonstrate efficacy. A common misconception is that Joint Replacement or Arthroplasty involves where the entire joint including the blood vessel and muscles are replaced. However, as mentioned before, only the affected bone ends/articular surface are replaced and the remaining structures more or less left unaltered. People often ask whether such a surgery can be done via key-hole, but this is not possible. No joint replacement can be done through a key hole/arthroscopic surgery. Another concern that arises is regarding the longevity of the replaced joints. In my experience, and according to global research, the average lifespan of a knee replacement is nearly 20 years and this number is slightly higher for hip replacement. Recent advances in Joint Replacement include improvisations in pre-op optimization, prehabilitation, precision surgical techniques, cutting-edge least-constraint to fully constrained implants, instrumentation, and meticulous postoperative care which have further improved the success rates with joint replacement. There is also a recent trend towards demanding robotic surgery for joint replacement, but so far no additional advantage has been proven on the long-term functional outcomes. Joint Replacement is now one of the most successful surgeries of the musculoskeletal system. On-time diagnosis, proper treatment planning, state-of-the-art operation theatre and a skilled surgeon with a multidisciplinary

team are fundamental to this most rewarding surgery. Joint Replacement remains the mainstay treatment for moderate to severe OA. It can dramatically improve the quality of life. It is not the length of life that matters, but the quality with which each day is lived. Pain-free mobility is a promise and not just a possibility with joint replacement surgery.

Welcare Hospital takes pride in having the best orthopedic surgery team and the best multidisciplinary support system including Anesthesia, musculoskeletal imaging, internal medicine, cardiology, neurosurgery, plastic surgery, general surgery, physiotherapy, along with state-of-the-art operation theatre, cutting-edge implants, and instrumentation. We also provide for an excellent pre-hab and rehabilitation team. The hospital has been extensively revamped for not just ergonomics and ambiance but also providing strict asepsis and infection control. Highest quality surgical services are a promise at Welcare Super-Speciality Hospital, Kochi.



Dr. Nijith Ompedathil Govindan
MBBS, MS (Ortho)
Fellow Arthroplasty & Arthroscopy,
Head of the Dept & Senior
Consultant Joint Replacement,
Arthroscopy, and Sports Surgeon,
Dept Of Orthopaedics & Sports
Medicine, Welcare Hospital,
Vytila, Kochi
Mobile: 9778426871;
Landline: 0484 4091111

Caritas Hospital
TrueBeam 3.0 in
Oncology

Caritas Hospital
tayam has ushered
era of cancer treat
the introduction of
TrueBeam 3.0
machine in its
radiation Oncology
This groundbreaking
ogy represents
stride towards p
efficacy in radiot
ing transformati
ments in co
cancer care.

As the pioneer
in India to ado
3.0, Caritas Ho
nues to lead the
novative health
For those seek
cancer treatment
unwavering ex
compassion, Ca
Radiation Onc
ment stands a
hope and healin

TrueBeam 3.0
forefront of in
grating cutting
and treatment
bilities. Here a
markable featu

1. Image-Guided
Therapy (IGRT)
utilizes real-t
track tumour m
radiation del
precise target
patient mover

2. Intensity-Modulated
radiation Thera
technology o
tion intensity
beams, shapin
dose to mat
contours whi
surrounding t