

What is Total Joint Replacement?

Total joint replacement relieves pain by replacing an arthritic or damaged joint with an artificial one called a prosthesis. The prosthesis is generally composed of a metal piece that fits closely into a matching sturdy plastic piece. A plastic bone cement may be used to anchor the prosthesis into the bone. It may also be implanted without cement when the prosthesis and the bone are designed to fit and lock together directly, with the bone growing into the prosthesis.

When is Total Joint Replacement Recommended?

A joint is formed by the ends of two or more bones, which are connected by thick tissues. The bone ends are covered with a smooth layer called cartilage. Normal cartilage allows nearly frictionless and pain-free joint movement. The process whereby cartilage becomes damaged or diseased is known as arthritis. The affected joint resultantly becomes stiff, swollen and painful. Joint pain may also be caused by trauma, such as a serious fracture or an injury that doesn't heal properly. The pain may be so severe a person will avoid using the joint, weakening the muscles around it and making movement even more difficult. When other treatment options such as medication, physical therapy and lifestyle adjustments do not relieve joint pain and disability, total joint replacement may be considered.

Joint replacement surgery can provide remarkable relief of pain from arthritic joints. In doing so, many patients are able to return to fully active lives. Surgical techniques and implants have improved dramatically in recent years providing for faster recovery and functional return.

About Us

The Comprehensive Joint Care Program at California Pacific Medical Center is a branch of the Department of Orthopedic Surgery, which provides specialized services for treating conditions of the knee, hip, shoulder, elbow, foot, and ankle.

The Comprehensive Joint Care Program offers access to break-through treatment, and advances in technology to patients requiring total joint replacement of the hip, knee or shoulder. Surgeons work closely with a multidisciplinary team providing care in rehabilitation medicine and physiatry, as well as physical therapy and occupational therapy. Our goal is to return function for our patients and to improve their quality of life. We are committed to utilizing the vast array of resources available at California Pacific to provide personalized treatment and a full continuum of care for each patient.

To learn more about the services provided by the Comprehensive Joint Care Program and to find a physician, please call us at (888) 637-2762 or visit www.cpmc.org/services/orthopedics.

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Total Hip Replacement

A total hip replacement is indicated for people who have unrelenting pain from arthritis that has not been adequately controlled by medications or activity modifications. Although near complete relief of pain and improved function can be achieved, these are man-made devices and as such will wear out in time. Thus, younger, very active patients must be aware that future surgery may be necessary and that certain higher impact type activities should be avoided. This generally applies for all joint replacements. Common conditions treated with hip replacement are osteoarthritis, rheumatoid arthritis, arthritis from a previous injury or fracture, arthritis from hip dysplasia and avascular necrosis of the hip.

Hip implants are of two basic designs: those fixed to bone by cement and those fixed to bone via bone ingrowth into the prosthesis itself. Both can achieve excellent results. In general, younger, more active patients will receive bone ingrowth type implants. This form of fixation is living and more dynamic, but does rely on healthy bone to actively attach the prosthesis. Older patients with thinner bone will do better with cement fixation. Generally, the cup side of the hip replacement is fixed without cement in both age groups.

Total Knee Replacement

Patients who have disabling pain in the knee, as a result of arthritic involvement are, as a rule, candidates for replacement of the knee joint. Many measures are generally tried before deciding to perform the knee replacement. The use of exercises, anti-inflammatory medication and injections into the knee may be tried prior to surgery. In the patient who has advanced arthritic changes in the knee, function becomes impaired. Pain will be felt when

walking and many times while at rest. Deformity of the knee and painful swelling of the joint also frequently occur, and the patient may notice that the knee is becoming bowed or knock-kneed. Stiffness of the knee often develops in patients with arthritic knees, as well as swelling.

Just as a dentist removes the decayed area of a tooth, so also are the arthritic ends of the knee joint removed. In essence, the surfaces of the femur (thigh bone), tibia (leg bone), and patella (kneecap) in the knee are "resurfaced" with metal and plastic. These components are fit precisely to the ends of these bones, and often cemented into place. The prosthesis will then be moved by the muscles and ligaments that normally move the knee. It will be lubricated by the same synovial fluid that lubricates the normal joint. The materials used in these prostheses have over a thirty year track record for implantation in humans. Most studies suggest that between 92% to 94% of total knee replacements implanted are still doing well 20 years after their initial implantation.

Total Shoulder Replacement

Shoulder replacement can be done for people who have a variety of shoulder problems. Most commonly, it is done for those who suffer from severe arthritis, a condition where the cartilage in your shoulder joint has worn away. However, it can also be done for those who have destruction of the joint from other causes, or pain and dysfunction from a rotator cuff tear which cannot be repaired. While most patients seeking a shoulder replacement are over fifty years old, shoulders in any skeletally mature adult can be candidates.

Shoulder replacement surgery replaces damaged surfaces with prostheses. Typically, prostheses have

two components: the humeral (upper arm bone) component, which is made of metal and the glenoid (socket) component, which is made of polyethylene. Most shoulder replacements are secured with bone cement or screw fixation. Determining the type of shoulder replacement a patient needs depends on whether both sides of the joint are arthritic and whether there are adequate muscles to control the arm after surgery. If both sides of the joint are affected, replacing both sides gives the best pain relief and function. A newly approved prosthesis for patients suffering from arthritis secondary to loss of their rotator cuff is also now available. The shoulder surgeons at California Pacific have extensive experience in the use of this revolutionary device.

What Happens After Surgery?

Typically, a short hospital stay is required. As part of the continuum of care provided at California Pacific Medical Center, patients of the Comprehensive Joint Care Program begin working with physical and occupational therapists shortly after their procedures.

Therapists design specific exercise programs that patients can perform independently to accelerate the recovery process. The muscle groups supporting the replaced joint are treated to achieve optimal strength and balance to the joint and limb, as well as restoring optimum joint motion. Treatment includes muscle balance and precautionary education, and pain management. Occupational therapists assist patients in resuming daily self-care tasks.

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