

Arthrosis of the knee joint: Gonarthrosis

Knee joint is formed by the femur (thigh bone), the patella (knee cap) and the tibia (shin bone). These bones are maintained in close contact thanks to strong ligaments, joint capsule, meniscus and a synovial membrane. The congruent articular surface is covered by cartilage that allows movement with minimal friction in flexion and extension and thanks to this we can stand, sit, walk, run, jump, go up and down the stairs etc.

The knee is a joint that supports weight and because of this, it is at great risk of suffering from cartilage degeneration (arthrosis) that can occur either on the femoral side, the tibial side or the patella. The progressive destruction of the cartilaginous surface of the knee joint can be the direct consequence of diverse factors such as:

- Alterations of the knee alignment (e.g. varus or valgus deformity, bow legged, cross legged).
- Hereditary or congenital predisposition and deformities.
- Prolonged and extreme physical activity (work or sports related).
- Various injuries of the knee.
- Old age.
- Excess weight.

The main symptom of knee arthrosis is PAIN. At the beginning knee pain is mild and can be controlled with over-the-counter painkillers such as aspirin and paracetamol, but as cartilage destruction and degeneration progresses, pain will increase and it will be harder to control with simple medications. Pain will be present in simple daily activities such as walking, sitting and climbing up and down the stairs.

In advanced stages of knee arthrosis, pain is present even during rest, there is painful friction between bony surfaces and patient is in constant pain, there is also swelling of the knee, crackling inside the knee, diminished activity, diminished movement about the knee and progressive deformity of the knee.

Patients with severe arthrosis of the knee commonly start limping and cannot perform any of their daily activities that involve walking, climbing stairs or getting up from a sitting position. Knee arthrosis is a common disease seen in both men and women over the age of 60, it's also very common to find knee arthrosis in people under 60 specially if there are predisposing factors. Most times both knees are affected.

Evaluation:

With a series of questions and a complete medical evaluation, your orthopaedic surgeon will determine if you have arthrosis of the knee. He/she will complement this diagnosis with the use of regular x-rays and if necessary, special x-rays, CAT scan or an MRI.

Treatment:

Knee arthrosis is considered a chronic degenerative disease. This means that there is NO CURRENT TREATMENT that can CURE this problem. Treatment is individualized and is focused on pain management and prevention of accelerated cartilage degeneration. Initially treatment consists of painkillers, glucosamine, intraarticular injections, exercise, weight loss, knee braces, limiting harmful movements and limitation of activities such as jumping, running and carrying heavy objects. Use of a cane in the hand contrary to the diseased knee, and physiotherapy are two other treatments that are used.

When the above treatment cannot control pain, then it is time to consider a knee replacement. This procedure is known throughout the world to have a very high success rate. Your surgeon will guide you with regard to the best moment to have the surgery done and which implant will suit you depending on factors such as age, weight, activity, deformity of the knee joint and personal expectations.

Nowadays knee replacement is considered the gold standard for treatment of knee arthrosis. It is a highly successful surgery, and is relatively safe with under 2% of serious complications. The majority of patients who have undergone knee replacement surgery greatly improve their quality of life.

Dear patient: if you have any doubts or questions regarding knee replacement surgery, please contact us to let us know all your worries. Remember we are here to help you.

Dr. Isaac E. Cervantes O. & Dr. Stefan Martínez van Gils.

NOTE: The main reason for the above information is to aid patients. We are not responsible for the decisions made by patients without previously consulting their attending physician.