

Osteoarthritis (OA) of the knee

Second Opinion Treatment Library



What is Osteoarthritis (OA) of Knee

Your knee joint can be affected by a progressive disease called osteoarthritis (OA) that commonly leads to symptoms including pain, stiffness, swelling and a limp. It can develop at any age, but tends to be more likely in people aged over 40 years and those who have had a joint injury.

OA is often referred to as 'wear and tear' of the joint, but we now know that it's a disease that affects the whole joint. It begins when cartilage (cushion at the end of the bones that enables joints to move smoothly) breaks down, often because of mechanical stress or biochemical changes, and slowly leads to:

- > inflammation of joint inner lining
- > bone spurs around the joint edge
- > deterioration of joint ligaments and muscle tendons
- > further cartilage damage

Non-surgical treatments

While there's still no cure for OA, non-surgical treatments may often improve the common symptoms including pain, stiffness, swelling and a limp and help to stop your knee from getting worse.

For example, exercises to strengthen the muscles and weight loss may reduce forces in the knee joint, leading to less pain, and medications such as analgesics can also reduce pain and anti-inflammatory medications can decrease inflammation.

Joint replacement surgery

In some cases surgery may be required for people with knee OA if non-surgical treatments have failed to help improve symptoms.

Joint replacement surgery is a 'last resort' treatment that may be considered when your condition has become so severe that it substantially impacts on your quality of life. The surgery involves removing damaged joint surfaces and replaces them with metal, ceramic or plastic parts followed by a program of exercises and physiotherapy to help you recover.

Knee Arthroscopy

If non-surgical treatments aren't helping your knee OA, but your condition isn't severe enough for joint replacement surgery, an arthroscopy may be suggested to you. It involves less risk and has a quicker recovery compared to joint replacement surgery.

Arthroscopy is performed by inserting instruments through holes into the joint, spraying jets of fluid to wash out the inside of the joint, then sucking out all of the loose pieces and cutting away any remaining loose parts of bone, cartilage or meniscus.

How to control knee OA symptoms

There are non-surgical treatments that may help to manage the common knee OA symptoms (pain, stiffness, swelling and a limp), including:

- > Weight loss: Even a 5% reduction in weight can reduce symptoms.
- > *Exercise: Aims to strengthen your muscles and improve your fitness, which also can help your general health. It includes physiotherapy exercises and activities such as walking, cycling and water therapy.
- > Medications: Includes pills and creams such as paracetamol, codeine, tramadol (pain relievers) and non-steroidal anti-inflammatories (NSAIDs) and injections such as a corticosteroid (anti-inflammatory) into the joint.
- > Physical aids: Such as a walking stick, taping the kneecap, orthotics (wedge inside shoe).
- > Heat packs and, for some people, cold therapy.
- > Electrotherapy: Such as ultrasound, TENS.
- > Acupuncture (needles inserted into the skin).
- > Glucosamine and Chondroitin: Benefits of these supplements still remain unclear, though studies show they're safe.
- > Complementary therapies: Studies show some herbs and supplements have promising results.
- > Magnets: Studies still aren't clear about any benefits.
- > Self-management course: Aims to develops your skills and communications to reduce the impact of OA on your daily life.

**Always consult a medical expert before commencing a course of treatment for any medical condition*





Arthroscopy and medical research

When evaluating you for an arthroscopy or other treatments for OA, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that an arthroscopy for the treatment of OA may often be no more effective than non-surgical treatments, or any benefit may only be temporary, for managing the common symptoms of knee OA, which include pain, stiffness, swelling and a limp.

However, studies have found that arthroscopy may be effective for a symptom that is uncommon, often referred to as 'mechanical locking' of the knee.

This symptom is identified if:

- > your knee joint locks, catches or gives way or
- > an x-ray shows a loose body (of cartilage or bone) in the knee joint

'Mechanical locking' usually develops due to a piece of cartilage or bone that breaks off and floats inside the joint, called a loose body. When bending your knee, for instance, a loose body becomes trapped between the bone ends, something like a pencil caught in a door hinge. Another cause may be a tear of the meniscus, a tough structure inside your knee joint that helps cushion forces.

Arthroscopy and risks

While complications following an arthroscopy (such as infection, blood clots, excessive swelling or bleeding and damage to nerves) are uncommon, they do occur.

Understanding these risks is important, particularly if you don't have 'mechanical locking' and given the possibility that arthroscopy may no more effective, or any benefit may only be temporary, than non-surgical treatments for the common symptoms of knee OA.

Arthroscopy and knee OA – the main points

- > If your knee joint locks, catches or gives way, or an x-ray finds a loose body of cartilage or bone floating in the joint, you should discuss with your doctor to check if you have 'mechanical locking' and whether you need an arthroscopy.
- > If non-surgical treatments aren't helping your knee OA, but your condition isn't severe enough for joint replacement surgery and you're considering an arthroscopy, take into account the medical studies showing arthroscopy may be no more effective, or any benefit may only be temporary, than non-surgical treatments for managing the common symptoms of knee OA and the risks involved with arthroscopy.
- > If you don't need an arthroscopy and joint replacement surgery isn't recommended, you and your doctor may consider how to put into practice the non-surgical treatments that can manage your symptoms to try and achieve the best possible outcome.

Would you like a second opinion?

Deciding on a treatment plan for a medical condition can be difficult, complex and stressful.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

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