

## Commentary on: Osteoarthritis Patients' Preoperative Perceptions about Total Knee Replacement

Total knee replacement (TKR) surgery is the gold standard method in the treatment of end-stage knee arthritis. Relieving pain effectively, restoring range of motion, and improving function are the major goals of arthroplasty. Patient satisfaction rates were reported as 90%–95% after TKR.<sup>[1,2]</sup>

Preoperative education aims at improving people's knowledge, health behaviors, and health outcomes. The content frequently comprises a discussion of presurgical procedures, actual steps in the surgical procedure, postoperative care, potential stressful scenarios associated with surgery, potential surgical and nonsurgical complications, postoperative pain management, and movements to avoid postsurgery.<sup>[3]</sup>

All the candidates for knee replacement are better to be educated to ask the following questions and to get their answers:

- How do I know if knee replacement surgery will help me?
- Is there any harm in waiting?
- Am I too young or too old for knee replacement?
- What else can be done for knee arthritis besides surgery?
- What is minimally invasive knee replacement surgery?
- Which type of replacement would benefit me?
- How much does knee replacement surgery cost?
- How do I find out if my insurance will pay for knee replacement surgery?
- Does insurance cover all of the costs or just some?
- Does it make a difference in which hospital I go to?
- Is there anything that I can do before the surgery, so it will be more successful for me?
- Are there exercises I should do to make my muscles stronger?
- Should I learn to use crutches or a walker before I have the surgery?
- Do I need to lose weight before surgery?
- Where can I get help to quit smoking or drinking alcohol if I need to?
- How can I get my home ready before I even go to the hospital?
- How much help will I need when I come home? Will I be able to get out of bed?
- How can I make my home safer for me?
- How can I make my home, so it is easier to get around and do things?
- How can I make it easier for myself in the bathroom and shower?

- What type of supplies will I need when I get home?
- Do I need to re-arrange my home?
- What should I do if there are steps that go to my bedroom or bathroom?
- What are the risks or complications of the surgery?
- What can I do before surgery to make the risks lower?
- For which of my medical problems (such as diabetes, heart disease, and high blood pressure), do I need to see my doctor?
- What is the risk of infection from surgery?
- How long will the surgery last?
- What type of anesthesia will be used? Are there choices to consider?
- Will I be in much pain after surgery?
- What will be done to relieve the pain?
- How soon will I be getting up and moving around?
- Will I have physical therapy in the hospital?
- What other types of treatment or therapy will I have at the hospital?
- How long will I stay in the hospital?
- When will I go home after surgery?
- Will I be able to walk when I leave the hospital?
- Will I be able to go home after being in the hospital, or will I need to go to a rehabilitation facility to recover more?
- What should I do the night before my surgery?
- When do I need to stop eating or drinking?
- What medicines should I take the day of surgery?
- When do I need to be at the hospital?
- What should I bring with me to the hospital?
- Do I need to use a special soap when I bathe or shower?<sup>[4]</sup>

So far, only limited studies are published on the above-mentioned aspects of preoperative planning for joint replacement; it is recommended to highlight these issues more. It was good for this published article to deal with these aspects, and hopefully, more will follow.

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**REFERENCES**

1. Colizza WA, Insall JN, Scuderi GR. The posterior stabilized total knee prosthesis. Assessment of polyethylene damage and osteolysis after a ten-year-minimum follow-up. *J Bone Joint Surg Am* 1995;77:1713-20.
2. Ranawat CS, Luessenhop CP, Rodriguez JA. The press-fit condylar modular total knee system. Four-to-six-year results with a posterior-cruciate-substituting design. *J Bone Joint Surg Am* 1997;79:342-8.
3. McDonald S, Page MJ, Beringer K, Wasiak J, Sprowson A. Preoperative education for hip or knee replacement. *Cochrane Database Syst Rev* 2014;CD003526. doi: 10.1002/14651858.CD003526.pub3.
4. American Academy of Orthopaedic Surgeons. Total Knee Replacement. Available from: <http://orthoinfo.aaos.org/en/treatment/total-knee-replacement>. [Last updated on 2015 Apr 05, Last accessed on 2019 Apr 03].

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