

Knee Osteoarthritis | Surgical Referral Guide

NON-SURGICAL TREATMENT MODALITIES:

Weight loss: Patients with obesity have a higher risk of osteoarthritis, & a higher risk of needing a knee replacement compared to their normal weight counterparts¹. There is moderate quality evidence suggesting that weight loss can improve walking speed, balance, confidence, function, & pain in the overweight & obese patient with knee osteoarthritis².

Non-impact aerobic exercise prescription

Analgesic &/or anti-inflammatory medication: Oral NSAIDs improve pain & function when not contraindicated. There is high quality evidence recommending for acetaminophen to improve pain & function². Topical NSAIDs have been shown to improve quality of life, when not contraindicated

The use of walking aids: The use of a cane is a common low-cost treatment that has moderate quality evidence for reduced pain & improved function in patients with knee OA². If the arthritic change is predominately medial compartment, then a medial unloader brace is often effective for alleviating pain. Several high-quality studies show statistically significant improvement in disease specific quality of life & function with the use of brace treatment¹.

Oral narcotics, including tramadol, are not effective at improving pain or function & result in a significant increase of adverse events².

If these measures fail to improve pain adequately to allow improved quality of life an intra-articular injection of steroid or hyaluronic acid may be helpful.

1 Wall CJ, de Steiger RN, Vertullo CJ, et al. Obesity is associated with an increased risk of undergoing knee replacement in Australia. ANZ J Surg. 2022;92(7-8):1814-1819. doi:10.1111/ans.17689 | 2. Management of Osteoarthritis of the Knee (Non-Arthroplasty) Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpg>

REFERRAL REQUIREMENTS:

If a patient has failed all non-surgical options for treatment of their knee arthritis pain & is being considered for a knee arthroplasty procedure, please include diagnostic imaging & ensure that their general medical health is optimized prior to referral to Orthopaedics.

- Ensure that a weight bearing standing AP view of both knees, a notch view, a lateral, & a skyline patella view of the affected knee has been done within 4 months of the referral
- It is relatively common for patients with hip arthritis to present with knee pain. Ensure that hip arthritis has been ruled out with an appropriate history, physical exam & imaging studies
- Patients must be non-smokers for a minimum of 3 months prior to surgery. *Smoking may result in higher complications, lower functional scores, higher pain scores, & increased risk of surgical site infection post joint replacement*³
- All pending dental work must be addressed prior to surgery
- BMI must be less than 35
- HBA1C must be <8: Hyperglycemia can lead to higher complication rates & poorer postoperative outcomes³

3. American Academy of Orthopaedic Surgeons. Surgical Management of Osteoarthritis of the Knee Evidence Based Clinical Surgical Management of Osteoarthritis of the Knee Evidence-Based Clinical Practice Guideline.; 2022.