

**My approach to treating young patients with osteoarthritis of the hip and the knee**

The treatment of young patients with osteoarthritis of the hip and the knee is challenging, as young patients usually have higher expectation for function and performance of their bodies and joints than the elderly patients.

These higher demands and stresses imposed onto the arthritic joint make early surgical interventions and particularly joint replacement surgery more challenging. Total hip and knee replacements in the young patients has been less durable than in the elderly patients, therefore, in young patients an attempt at delaying the need for a hip or knee replacement should be made.

Several operative and non-operative procedures can be performed in an attempt at delaying or sometimes avoiding a hip or a knee replacement (osteotomies, arthroscopies, partial knee replacements, etc). If you are a candidate for one of these operations or treatments, I will discuss benefits and eventual complications of them in detail so that we can choose the most suitable procedure for your particular condition.

As a consequence of hip and knee replacements being less durable in the young than the elderly patients, new technology has been introduced aiming at reducing the likelihood of prosthetic failure and speeding the recovery in the young patients. Long term failure of hip and knee implants results as a consequence of two major problems: loosening of the prosthesis and/or wear of the articulating (mobile) parts of the joint.

In an attempt at reducing the likelihood of loosening, throughout the last decades, we have used improved cemented and non-cemented prostheses, both with benefits and drawbacks.

In an attempt at reducing wear, new plastic-on-metal, metal-on-metal, and ceramic-on-ceramic surfaces have been introduced, including metal-on-metal "hip resurfacing". Some of these new prostheses showed promising results and have proven to be advantageous over the conventional hips. Others have shown to have new, unforeseen complications, often difficult to solve, and a need for an early re-operation (revision) of your hip or knee, thus jeopardizing the final result.

In an attempt at speeding your recovery and diminishing blood loss and tissue trauma, surgery through small incisions (minimally invasive surgery) has been introduced.

This scenario is further complicated by direct-to-consumer marketing.

If you have osteoarthritis of the hip and the knee and you are considering a hip or knee replacement at a young age, I committed to the following:

1. I will present to you the likelihood of a successful outcome, potential benefits, and short- and long-term complications of the newest and most promising technologies, types of prostheses, and surgical approaches for total hip and knee replacements.

2. I will discuss and answer your questions based on an updated review of the scientific medical literature to agree on an operation that will meet your realistic needs.
3. I will provide you with non-biased, scientific information and I will discourage you from obtaining information in biased, commercially-affiliated web sites and publications.
4. I will discuss with you the realistic expectations for function and activity after surgery as both doctor and patient should work together before and after surgery to achieve the best possible long-term result and highest satisfaction from your operation. Once you had a hip or a knee replacement, a routine postoperative visit to monitor your prosthesis is essential.

If you need a hip or knee replacement at a young age, the most important decisions for your operation will be made based on a thorough discussion of the benefits and eventual complications of each type of joint replacement, and of your expectations from surgery.

Thank you for reading this important information.

I look forward to your visit and to answering your questions and concerns.

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