

Senior Living Guide

Know when it's time for a joint replacement

by Mark Lord

Chronicle Contributor

It was recently announced that Robbie Coltrane, the 68-year-old actor who portrayed the half-human, half-giant Rubeus Hagrid in the "Harry Potter" film franchise, is using a wheelchair as he continues to battle crippling osteoarthritis while awaiting knee surgery.

Coltrane joins millions of other people around the world who are affected by the disease, which, according to the Mayo Clinic, is the most common form of arthritis.

So what exactly is osteoarthritis, and how do you know when you, too, might be a candidate for surgery?

It is a progressive, potentially debilitating condition that occurs when the protective cartilage on the ends of bones wears down over time. As people age, the chances of being affected by osteoarthritis rise, with women, for unexplained reasons, more likely to develop it than men. It can damage any joint in the human body, but it is found most commonly in the knees, hip, hands and spine.

There are several ways to treat the condition, with surgery generally serving as the last resort.

Dr. Richard Seldes, a board-certified orthopedic surgeon and director of orthopedic surgery at Northwell Health's Long Island Jewish Forest Hills hospital since 2006, calls such surgery an "elective procedure," one that is based on a "personal decision by the patient."

Some people have such severe pain that they are unable to do things for themselves. "If arthritis affects daily living, it's usually time to have surgery," Seldes suggested.

Before that, however, the doctor recommends other routes, including physical therapy.

Steven Berman, a registered physical therapist with an office on Union Turnpike in Flushing, would agree. "We do our best to get [patients] better without surgery," he said.

His standard procedures include applications of heat and/or ice, electric stimulation, ultrasound, passive range of motion exercises and gait training. Treatment usually lasts between six and eight weeks, Berman said.

Other possibilities, he added, include injections of cortisone or gels.

Cortisone, according to the Mayo Clinic, "may help relieve pain and inflammation" but "because of potential side effects, the number of shots you can receive in one year generally is limited."

Possible complications of these injections include joint infection, nerve damage, tendon weakening or rupture and thinning of nearby bones, a condition commonly known as osteoporosis.

Lubricants, such as hyaluronic acid, may be injected once a week for three to five weeks, according to WebMD. The online site says the Food and Drug Administration has only approved this form of treatment for osteoarthritis of the knee, but some people get it in other joints, as well. Side effects, including swelling and discomfort at the injection site, are generally



Physical therapy is one thing to try before undergoing joint replacement surgery.

mild, WebMD indicates.

Unfortunately, such lubricants don't work for everyone, according to the site, which suggests, "Research is mixed on how well they work. If you are older or have advanced osteoarthritis, you may be less likely to find relief from this treatment."

Nonsurgical treatments such as physical therapy and injections are, at best, temporary solutions, Seldes cautions.

"Arthritis is a permanent condition," he noted. It is progressive and has no known cure.

"When seniors become withdrawn from society, they decline family engagements, they get depressed" because of their joint pain, the doctor said, it's time for surgery, which, he added, is effective in relieving the pain up to 95 percent of the time.

Candee Sheppard, 68, who grew up in Laurelton but relocated to Buffalo three and a half years ago to be near her daughter, can likely identify with Coltrane's situation. She lived with osteoarthritis of the hip — and suffered — for years before deciding to take the big step.

"I lived in an upstairs apartment," Sheppard recalled in a telephone interview from her home upstate. Beginning about 10 years ago, she had trouble climbing steps. It was painful, but only intermittently.

"When I moved up here, I took a part-time job and did a lot of walking on a hard floor. I was in tremendous pain. All of a sudden it got really bad," she said.

X-rays revealed her problem.

She paid a visit to an orthopedist, a specialist in treating conditions involving the joints, bones and spine, who injected cortisone into the spaces between her bones.

"It worked, but maybe only for a week," Sheppard said. "Then the pain was back."

One day, she recalled, she did a lot of walking and "my hip felt funny. The next day, I couldn't walk."

She went to a second orthopedist who said the only solution was to replace the hip.

After waiting two months for an appointment, Sheppard finally had her surgery on May 30 of last year. Because she has underlying health issues, including a rare chronic blood cancer known as primary myelofibrosis, she developed complications, leading to excessive bleeding and the need for blood transfusions.

Once she got home, recuperation "wasn't bad at all," she said. "It took two months to get back to myself. The other day, without realizing it, I was running. I have no pain, I have my normal gait back, I have full flexibility."

Her bottom-line advice: "Don't have surgery unless it's necessary. When you get to the point that quality of life is so downhill, don't go through the pain I went through for so long."

Rego Park resident Louise Foisy, 67, had a different experience that ultimately led her down a similar path.

"I sustained a fall nine years ago," she said. "I landed on one knee. It was quite painful."

Foisy discovered she had torn her meniscus, the cartilage that cushions and stabilizes the joint. She had surgery, only to fall again two years later, requiring a second round of surgery.

Beginning in 2017, following her participation in an all-day march in Washington, D.C., pain in her knee became quite severe, affecting her mobility.

An orthopedist gave her cortisone injections which, she said, were great — for three days. Then the pain was back. Subsequent gel injections led to anaphylaxis, a severe allergic reaction that can cause death.

Finally, she was faced with the prospect of surgery, which proved to be a double whammy, literally.

Both her knees were determined to be equally bad, so her orthopedic surgeon recommended bilateral surgery, or the performance of a procedure on both sides of the body during the same operative session.

After spending four days in the hospital, she was transferred to another one for two weeks of in-hospital rehabilitation, a process necessitated

by her particular set of circumstances.

"I would have been more comfortable at home, but it wasn't an option for me," she said.

She was eventually able to return to work and now she's "very pleased with the outcome."

For Dolly Guinther, 89, of Forest Hills, surgery also proved a necessity. Around 10 years ago, she fell and "there was no question — we had to do it."

Unfortunately, things did not go well for her following hip replacement surgery. Two years after the procedure, her hip "didn't seem to be working well," so she went to another hospital that specializes in such operations.

There, she underwent a second surgery, and faced rehabilitation for a month.

"It worked," Guinther said. "I still felt uncomfortable but I was able to get around."

Then she developed what she describes as a "strange, bewildering infection" that emanated from the area of the operation.


"For the longest time, nobody knew what it was," she said. Eventually, she had to undergo yet another procedure. Though she still walks with a cane, "It's been very good," she said.

The general consensus seems to be that if you experience pain or swelling in your joints, begin conservatively. Go for X-rays to determine the possible cause. According to Seldes, the orthopedic surgeon, in the early stages of arthritis, patients usually do very well with a specialized physical education program and anti-inflammatory medications. He advises to "treat the pain symptomatically." If the pain becomes more steady, consider injection therapy. As function deteriorates, joint replacement may be the best option.

WebMD agrees with Seldes that knee or hip replacement surgery may be a viable option for relieving pain and disability caused by osteoarthritis among the elderly. While it may take older adults several weeks to recover, it appears they have excellent long-term results, the site indicates.

Of course, any kind of surgery carries risks. WebMD warns that joint surgery can lead to, among other complications, deep wound infections and blood clotting in the lungs, a condition known as pulmonary embolism.

The site suggests that improved communication between physicians and patients may allow more elderly patients to make informed choices.

Before any major surgical procedure, it is always advisable to seek more than one medical opinion. 



Dolly Guinther underwent hip replacement surgery and needed more operations. Dr. Richard Seldes says that when arthritis affects daily life, and other treatments don't do the job, it's time for surgery. PHOTO BY MARK LORD, LEFT; COURTESY PHOTO