

## Joint replacement: a patient's perspective

Benjamin A J Horgan

IT IS A PLEASURE to be able to add my thoughts to this Supplement. Even though I may not have as many qualifications as most of the other participants, I do have an intimate understanding of surgery and what it means to be a patient. In my 32 years, I have experienced a wide range of procedures, including two total hip replacements, a bilateral total knee replacement, a cervical fusion and many other, more minor operations. If frequent flyer points were given for surgery, I would be off around the world tomorrow!

Even though I have experienced many trips to the operating room, I still feel very apprehensive each time something needs to be done. It's very easy to just pull back into a shell and let the surgical team do their job. For my total hip replacements, I was ready for routine surgery and a very positive result. It seemed to me that every second person had gone through this ordeal so it couldn't be too bad. I soon found that, just because something is commonplace, does not necessarily mean it is easy. Total joint replacement is major surgery and, because of this, I needed to play a major part in achieving a positive result.

Teamwork is crucial to any successful procedure or treatment program. The patient is as crucial to the success as the surgeons themselves. If patients do not understand their role in the procedure, the consequences could be dire. Establishing good communication is the most important step towards a successful result. All the facts about the surgery should be laid out in layman's terms for patients before they can agree to undergo a procedure. Not only do they need to understand what they will go through after the surgery, but also what sort of health they need to be in before their admission. The healthier the patient before the procedure, the easier the recovery will be. This is common knowledge to those in the healthcare professions, but not so obvious to patients. Issues such as smoking and weight need to be addressed. Also, in the case of someone like myself with severe arthritis, the disease and medications must be looked into.

When I had my first total hip replacement, the operation went very well. However, during the dislocation of my hip, my knee was pushed a little too hard. The consequences were quite severe, as my knee became very painful and did not improve. Arthritis was the main cause, as my knee had deteriorated to a point where it was very fragile. However, if I had taken a little more care to inform all involved of my

history, and the fact that all joints were involved, I might not have needed knee replacement surgery so soon. This was proven when I went in for my second hip replacement. I told every person involved to be very careful of my knee, over and over again. In the end, a very large red marker was used to print "FRAGILE" over the knee in question. To my relief, the surgery went without a hitch and my knee was fine. Communication is the key.

Waiting lists for joint replacement surgery in public hospitals are a problem that we all need to consider. Even though lists are getting shorter, some people in dire need of surgery are forced to wait their turn. I know of many patients with arthritis who have waited as long as they could before opting for surgical treatment. However, if we were to empower patients to recognise when replacement surgery is the only option left to them,

and encourage them to have the operation before they are unable to perform normal activities, we would save on rehabilitation time and offer better outcomes. The stronger the individual and the joint in question, the better the result. On the other hand, the earlier in life they have such surgery, the greater the chance it will need to be repeated during their lifetime. This is a matter that needs to be examined by both patient and surgeon. Once again, communication is crucial.

Quality of life must be the final measuring stick when deciding on any surgery. What difference will the surgery make to the patient's ability to lead a life in which pain is tolerable? If the surgery will make life easier by relieving a patient's pain, it should be prioritised.

When I was just entering my teenage years, self-image became far more important than ever before. It was also a time when my schoolwork became much more intense. It was decided that we needed to surgically treat my hands. I was very happy at the idea that they would look better, and the surgeons were keen to give me more strength and movement. Somewhere between agreeing to the surgery and having it done, the procedure turned into something quite simple and hardly life-improving. I had the top of my ulna removed for reasons I have never been quite sure of. I had believed that the operation would make my hands look normal again, but I was mistaken. A teenager who expects one thing and gets another is never very happy, and I was determined to avoid any other surgery. Unfortunately, a lack of communication had let me down.

Surgery is becoming a more and more effective way to help people in pain. However, it must still be used as the last resort. As I said before, I have had many procedures and am still very uneasy when being wheeled into the operating room. My rheumatologist, whom I regard as a good friend, was terribly disappointed when he had to refer me on to an

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orthopaedic surgeon. He felt like he had failed me by not being able to avoid surgery. This is a truly inspiring attitude. Rheumatologists and orthopaedic surgeons make a great duo. Both offer potentially successful treatments that aid in pain management and offer better quality of life. Patients need access to both specialists, and need these specialists to communicate effectively with each other. It is not a struggle to see who can help the patient the most, because the skills of the two specialties will be paramount at different times in the patient's life. As we know, arthritis can take over a person's life for many years. In some years a patient with arthritis will do fine with physiotherapy; at other times, medication will be most helpful; and surgery will probably become necessary at some time. Many healthcare professionals will be involved in the life of a single patient. It is

important to make it as easy as possible and to work together openly.

In closing, I must stress that if I were to never have another surgical procedure, I would be a very happy man. Realistically, though, I have learnt that surgery plays a key role in treating my particular chronic disease. Teamwork is essential. There should be good communication between all parties involved, and the patient should be at the centre of that communication. I love sport, and one of my favourite sporting clichés is quite appropriate to my experiences — “A champion team will always beat a team of champions”. No one has ever beaten arthritis on his or her own, but, as part of a champion team, doctors have a great chance of defeating the arthritis and offering patients a great quality of life. Now, isn't that for the greater good of everyone? □