

Appendix B – Patient Decision Making Tool for Knee OA

| | Don't Have Surgery for Your Knee– Use Other Treatments | Have Surgery for Your Knee |
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| Benefits | <ul style="list-style-type: none"> • Avoid the risks and side effects associated with surgery • Education and exercise is an appropriate core treatment for all people with knee osteoarthritis. • Pain reduction of ~27% from a targeted exercise program for knee OA as reported in data from GLAD® Canada. (www.gladcanada.ca). • Weight loss of ~5-10% of a person's total body weight in overweight or obese people with OA has a significant reduction in pain symptoms. | <ul style="list-style-type: none"> • All or almost all pain is gone within 6 months after surgery. Most people have much less pain after knee replacement surgery and are able to return to many of their activities. <p>If you were to ask 100 people who had undergone this surgery 6 months prior, 80/100 would say their pain is gone. While most people report feeling better than before surgery, this means 20 people continue to have some pain after 6 months.</p> <p>Albertans rating their satisfaction with knee replacement surgery on a scale from 0 -10, where 0 is low satisfaction, and 10 is very satisfied, scored their satisfaction at 8.82/10 following surgery meaning that most are quite satisfied with the results of surgery.</p> |
| Risks | <ul style="list-style-type: none"> • Individual results vary when applying education and exercise. You may not be able to relieve your pain enough with home treatment or medicines to do your daily activities. • Medication side effects. Oral (by mouth) NSAIDS, the most effective medication for pain relief, have side effects in some people including upset stomach, stomach bleeding, heartburn, and skin rashes. They are not recommended for people with certain health conditions such as kidney, stomach or heart problems. | <ul style="list-style-type: none"> • The usual risks of anesthesia. Problems from anesthesia are not common, especially in people who are in good health overall. All anesthesia has some risk. • Blood clots. These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. They are more common in older people, those who are very overweight, those who have had blood clots before, and those who have cancer. In Alberta, almost 2% of people had a clot if they were obese, and 1.5% experienced a clot if they were not obese within 6 months following their knee replacement. • Blood transfusion. About 3% of people undergoing knee replacement may require a blood transfusion due to blood loss. |



Treatment Comparisons for Knee Osteoarthritis (OA) • 2

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| | <ul style="list-style-type: none">• Joint Injection side effects. Steroid injections used for short term pain relief may have side effects such as accelerated joint breakdown, bone breakdown, or rapid joint destruction including bone loss.• Effects of delaying surgery. If you decide to have surgery later, and your limited activity has already caused you to lose strength, flexibility, balance, or endurance, it may be harder to return to your normal activities | <ul style="list-style-type: none">• Wound-healing problems. These are more common in people who take steroid medicines or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.• Infection. People who have any sort of artificial material in their bodies, including artificial joints, have a risk of infection around the material. In Alberta in 2017-2018, about 1 person out of every 300 receiving a knee replacement experienced an infection. This can be a big problem and may require treatment with antibiotics and/or further surgery.• Instability in the joint. The knee may be unstable or wobbly if the replacement parts are not properly aligned. You may need a second surgery to align the parts correctly so that your knee is stable.• Lack of good range of motion. After surgery, some people can't bend their knee far enough to do their daily activities, even after several weeks. Further surgery may be required.• Dislocated kneecap. If this happens, the kneecap may move to one side of the knee, and it will "pop" back when you bend your knee. It usually needs to be treated with another surgery. This problem is not common.• Need to redo the surgery within 10 years. About 5% of people that received a knee replacement will require another surgery 10 years after their first surgery.• Risk of heart attack. All surgeries carry the risk of heart attack, and about 1% of people who have any type of surgery experience this complication.• Risk of death. Death may or may not be caused by the surgery itself. Within 3 months after surgery, less than 1% of people will die. |
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