

Knee Arthroplasty: Causes, Effects and Therapy

Michael Stevens*

Department of Trauma Anesthesiology, University of Pittsburgh, USA

*Corresponding author: Michael Stevens, Department of Trauma Anesthesiology, University of Pittsburgh, USA; E-mail: stevemic@gmail.com

Received: November 05, 2021; Accepted: November 19, 2021; Published: November 26, 2021.

Citation: Michael Stevens (2021) Knee Arthroplasty: Causes, Effects and Therapy. Clin Res Foot Ankle 9: e121.

Copyright: © 2021 Stevens M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Knee Arthroplasty, also called total knee replacement, is a surgical procedure to restore a knee injury by arthritis. Metal and plastic parts are used to close the ends of the bones that make up the knee joint, as well as the kneecap. Total knee arthroplasty is one of the most expensive and most effective orthopedic surgery. It provides reliable results for patients suffering from degenerative hip osteoarthritis. It can reduce pain, restore function, and lead to a better quality of life. This surgery may be considered for a person with severe arthritis or a serious knee injury. Various forms of arthritis can affect the knees. Osteoarthritis, a degenerative disease that mainly affects middle-aged and older adults, can cause degenerative cartilage and bone near the knee. Rheumatoid arthritis, which causes inflammation of the synovial membrane and causes excessive synovial fluid, can lead to pain and stiffness. Traumatic arthritis, arthritis due to injury, may cause injury to the cartilage of the knee. The goal of knee replacement surgery is to replace damaged knee joints and relieve knee pain that can be controlled by other treatments. Tendons are strong fibers of connective tissue that connect muscles and bones. Ligaments are elastic bands of tissue that connect bone to bone. Some knee joints provide stability and protection of the joints, while other ligaments limit the movement of the front and back of the tibia. Knee surgery is a treatment for knee pain and disability. Osteoarthritis is characterized by fractures of the joint cartilage. Cartilage and bone damage reduces movement and may cause pain. Other forms of arthritis, such as rheumatoid arthritis and osteoporosis, can lead to degeneration. Knee replacement may be loose, dislocated, or it may not work as intended. The nerves or arteries in the operating area may be damaged, resulting in weakness or numbness. Joint pain cannot be eliminated with surgery. There may be other dangers depending on your particular health condition. Knee Arthroplasty is one of the most effective and inexpensive procedures in all

orthopedics. The procedure is usually performed on patients with arthritic arthritis of the lower extremity. Considering the limited procedure for adults, patients with low need, Knee Arthroplasty is becoming the most popular procedure performed on younger patients. After a complete knee replacement, a team of specialists is needed to prevent and manage the disease. Most patients are weak and have cognitive impairment. Therefore consultation with food is necessary. Constipation should be controlled as it is most common in this population. Consultation with pain is required before performing a recovery. Advanced postoperative recovery programs for orthopedics include a variety of ways to speed up recovery, reduce pain, improve comfort and patient satisfaction, reduce complications from surgery, reduce hospital duration, and reduce costs. The postoperative recovery methods for patients undergoing total knee arthroplasty are different from those for intracavitary surgery; less focused on fluid homeostasis and gut motility than focused on developing systemic and local analgesics and providing a balance between high-quality pain control and a rapid return to ambulation. However, the chosen analgesic type should allow pain control but at the same time prevent tremors. In addition, chronic pain management is not recommended as it may mask any fever infection or evidence of vascular relaxation.

Acknowledgment

The authors are grateful to the journal editor and the anonymous reviewers for their helpful comments and suggestions.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest for the research.