

Same-day double knee replacement safe for select rheumatoid arthritis patients

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Same-day bilateral knee replacement surgery is safe for select patients with rheumatoid arthritis, researchers from Hospital for Special Surgery in New York have found.

Generally, [patients](#) with an inflammatory systemic disease such as [rheumatoid arthritis](#) (RA) are sicker than patients with the degenerative condition osteoarthritis (OA), says senior study author Mark Figgie, M.D., chief of the Surgical Arthritis Service at Hospital for Special Surgery, and the hospital's first Allan E. Inglis, MD, Chair in Surgical Arthritis.

RA patients are more likely to have conditions such as vasculitis or heart disease, and may be on medications that suppress the immune system, potentially making surgery more complicated. Many RA patients who need both knees replaced do so in separate surgeries, each replacing just one knee at a time.

In a new study, "Rheumatoid Arthritis Does Not Increase Perioperative Complications Following Same-day Bilateral TKA," to be presented at the annual meeting of the American Academy of Orthopaedic Surgeons in New Orleans on March 13, Dr. Figgie and colleagues found that select patients with RA do just as well with same-day bilateral knee replacement as OA patients, and with no higher complication rate.

Dr. Figgie and colleagues analyzed hospital data from 240 RA patients and 3,680 OA patients who had bilateral [knee replacement](#) surgeries

between 1998 and 2011. On average, the RA patients were about five years younger but were more likely to be obese or have significant heart disease. More than 80 percent of the RA patients were women.

The average hospital stay was slightly higher for RA patients, a difference of 5.8 days versus 5.4 days for the OA patients. The RA group was more likely to have acute postoperative anemia (17% versus 8% for OA patients) and blood transfusions (84% versus 77% for OA patients), but had similar rates of transfer to either the ICU or a rehabilitation facility. Researchers found no differences in the overall rates of procedure-related, minor and major complications between the two groups.

Rheumatoid arthritis patients should be carefully screened for [surgery](#) with stress tests, Dr. Figgie says. Although the bilateral procedure appears safe in RA patients without significant [heart disease](#), he says, "These are typically more challenging cases, and surgeons will want to coordinate patient care with rheumatologists to avoid flares during the postoperative period."

Provided by Hospital for Special Surgery

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