



**SIX REASONS TO JUST SAY
NO TO KNEE REPLACEMENT**

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The idea of undergoing a knee replacement is worrisome enough, but when you really begin to understand what this entails—amputating the knee joint, sawing off the ends of the long bones that connect to the joint, and replacing it all with a fake joint—it can be downright scary.

Knee replacements are being performed at an alarming rate today, and the stunning, simple truth is that [one-third of knee replacements are unnecessary](#). This is because the [knee pain in these cases is actually being caused by something other than the knee, such as the spine](#). Additionally, when knee pain is actually caused by a knee condition, a large percentage of [knee-replacement candidates can explore regenerative-medicine options, such as stem cell injections, that may be able to relieve knee pain and increase activity level without cutting out the knee](#). If the knee pain is indeed due to a condition in the spine, there is a broad array of [regenerative-medicine nonsurgical options for spinal treatment](#) as well.

This means only the most extreme cases should require that last-resort knee replacement. For everyone else, however, there are six reasons to just say no to knee replacement.

1. Chronic Pain Continues After Knee Replacement

The main reason most people finally come to the drastic decision to have a knee replacement is to relieve their chronic knee pain. But a great number of [studies have shown that many still have pain after knee replacement](#), some showing pain ratings as high as 5 out of 10, which isn't that much different from their pain prior to their surgery. Some studies have shown [pain rates and percentages following knee replacements even higher at two, three, or four years following surgery](#), which seems to imply a trend toward pain worsening as time goes on, not getting better.

We mentioned already that one-third of knee replacements are unnecessary because the source of the knee pain isn't a knee condition. This could be one explanation for the chronic pain that doesn't subside following knee replacement. If you have your knee replaced, but the pain in the knee was being caused by a low back issue—spinal nerves or tendons, for example—it stands to reason your pain wouldn't go away after a knee replacement. Therefore, it's so important that the pain be traced to its root cause and that root cause be the focus of treatment. If it's a condition in the back, you certainly don't want an amputation of your knee joint.

[There are signs to look for to help determine if your knee pain is being caused by the back](#), such as hamstrings tightness, bunion formation, and the presence of both knee and back pain. If the pain in your knee is being referred from the low back, however, it isn't a given that you will experience any of these symptoms; your back condition can present only as knee pain. But if [back pain does indeed accompany your knee pain, this would certainly be a sign that a knee replacement may result in poor outcomes](#).

2. Activity Level After Knee Replacement Isn't What You Might Expect

You've probably seen the TV and magazine ads—elderly and middle-aged people running on the beach, playing Frisbee with their dog, jumping rope with their grandkids... all supposedly following knee replacement surgery. It's no wonder so many people jump on the knee replacement bandwagon—the commercials make them think they'll be doing the things they did in their 30s once they've been given their shiny, new knee. But the truth is [only 5% or less, just 1 in 20 people, actually achieve anything even approaching normal physical activity.](#)

There is actually a disturbing trend of marketing knee replacements to younger (55 or younger) patients. Younger patients expect more from and put higher demands on their knee replacements than the older patients. You might think activity-level outcomes would be better in a younger population, but, unfortunately, there are often poorer results, including greater pain, due to these higher demands on the artificial joint. In fact, [15% of these younger patients will undergo a revision of their knee replacement](#) just five years following the original surgery.

3. Metal Ions in the Blood Can Lead to Pseudotumors and Tissue Damage

[Metal ions and wear particles in the blood and tissues of joint replacement patients](#) have been the subject of many studies and even some class-action lawsuits in recent years. Plus, [the use of new plastics for artificial joints has added a whole new type of wear particles](#) to the mix. [Wear particles are microscopic pieces of metal, ceramic, or plastic that break off of the joint replacement](#) and irritate the local tissues and/or enter the bloodstream.

There's also a trend toward [minimally invasive knee replacements that involves a partial replacement or resurfacing](#); however, these smaller devices, to withstand additional stresses, must be all metal. This potentially means more metal wear particles and more metal ions in the bloodstream.

[Many studies have demonstrated the concerning results of metal ions in the blood following knee replacement:](#)

- Researchers from Austria found that the size of the prosthesis is directly correlated with the blood concentration of metal ions (the larger the knee replacement device, the more metal ions that were found in the bloodstream).
- One group in Italy found more of these metal ions in knee replacement patients who had a loose prosthesis. Why? In some patients, the knee replacement device may not be seated tightly or may not bind to the surrounding bone, which would cause more wear between the bone and the metal prosthesis thus leading to more metal particles.
- A group in Germany found that metal ions in the blood increased precipitously after a knee prosthesis was implanted.
- Another German group also found higher serum levels of chromium and cobalt in knee replacement patients than patients without knee replacements.

So, what's the big deal with wear particles in our bloodstream and body tissues? While we likely have only scratched the surface of their effects, we do know that these particles can harm the body by causing metal toxicity as well as create psuedotumors and tissue damage at the genetic level.

4. Allergies Can Lead to Device Failure and More Pain

The past few years, we have seen numerous studies discuss that the [components of knee replacement prostheses can cause allergies](#). There are two groups of people who are at a significantly higher risk for problems like rejection or loosening of the device and/or toxicity from the wear particles.

1. People with any type of allergy—Even [patients with simple allergies, like pollen or cat dander, should avoid a knee replacement](#) based on recent research! People who are considered “allergic” (to anything) simply have a hyperactive immune system and inappropriately secrete antibodies to rid themselves of the thing they have mistaken as dangerous. If that thing is a joint replacement device, obviously, that drastically affects the outcome.
2. People with metal sensitivities—There are also people who have more specific allergies who can only wear real gold, silver, or platinum jewelry because the cheap stuff causes a rash. These people will likely have [problems with the metals used in joint replacement prostheses](#).

Being an “allergic person” is also tied to having more pain after a knee replacement, presumably because of an allergy to the replacement device and due to the chronic inflammation caused by the device, which is perceived as “foreign” by the body. [Pain is also more prevalent in patients who suffer from multiple allergies \(four or more\)](#). This isn't limited to the hardware; [patients can also be allergic to the cement used to bond the device to the bone during the knee replacement](#). If you are allergic, the device is more likely to fail, cause chronic pain, or need to be replaced sooner.

5. Knee Replacement Increases Risk of Heart Attack, Stroke, and Bleeding Stomach Ulcers

[Among patients aged 60 and up, knee replacement patients are 31 times more likely to experience a heart attack in the two weeks after surgery.](#) Why is this? When you completely remove a joint from a patient, there is severe trauma to the blood vessels and bone marrow space. This likely leads to a higher risk of blood clots, which could cause an embolism in the heart, lungs, or brain. [How common are blood clots following joint replacement? According to one study, blood clots in the legs that produced symptoms were in 34% of patients!](#)

Men, especially, need to pay close attention here as they are at an even greater risk for heart attack after knee replacement. One study showed [the heart attack risk for men increases by 79% postprocedure.](#) In addition, for some patients, the stress of undergoing the joint amputation may be enough alone to trigger a heart attack or stroke.

[Bleeding stomach ulcers can also be a problem following knee replacement,](#) with study results showing up to a three-times increase in stomach bleeding for up to six weeks following the surgery.

6. Knee Replacement Increases Risk of Hip Fracture

A recent addition to [knee replacement risks is the rise in hip fractures following the surgery.](#) A study out of Sweden looked at the medical records of the “entire Swedish population born between 1902 and 1952.” Of those receiving knee replacements, the risk for hip fracture before surgery was low. A total of 3,221 patients had a hip fracture within 10 years following knee replacement, and this accounted for a 4% increase in hip fracture risk following knee replacement! We’re also seeing [bone-density loss in hips after a knee replacement.](#) Perhaps the two are related.

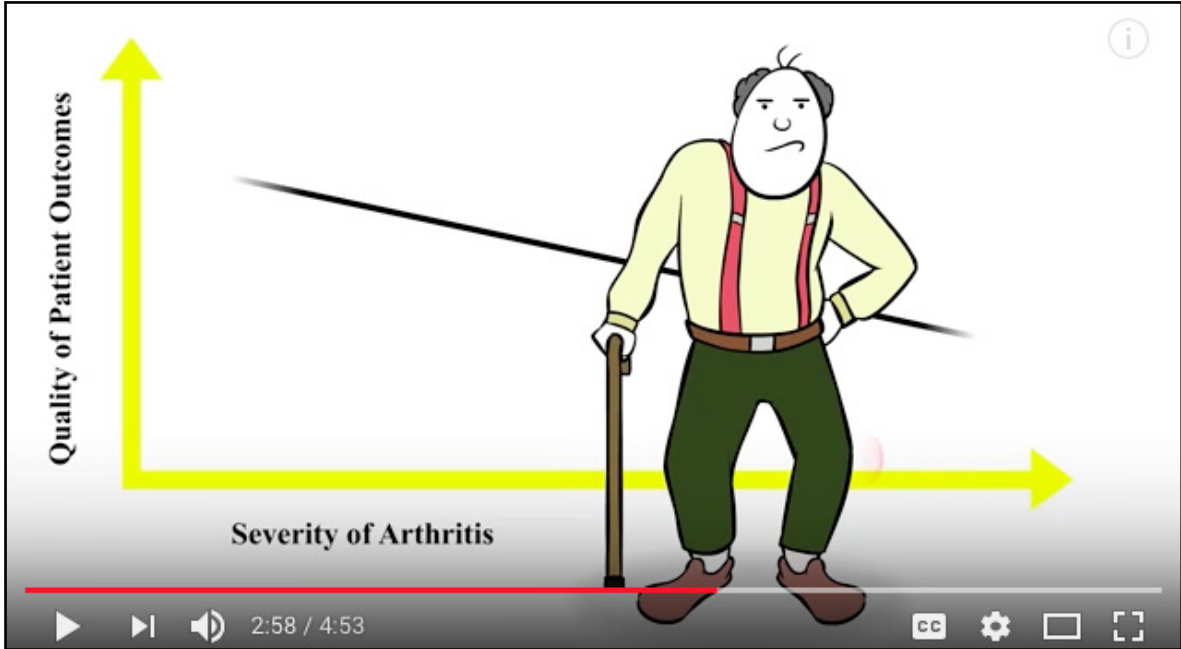
Alternatives to Knee Replacement

Many patients have tried [steroid injections](#) or [gel shots to lubricate the knee joint.](#) [Steroid shots kill off cartilage cells,](#) so this isn’t a good plan to help your knees. If you have [mild arthritis, precise injections of highly concentrated platelet rich plasma](#) works well in most cases. These natural growth factors from your platelets can support cartilage health. If your [arthritis is moderate or severe, precise guided injections of your own stem cells](#) may do the trick.

Since there are alternative options, you may want to just say no to knee replacement while you explore if these alternatives might work for you. [Our Regenexx Procedure Candidate Form](#) is a good place to start.

Disclaimer: Like all medical procedures, Regenexx Procedures have a success & failure rate. Not all patients will experience the same results.

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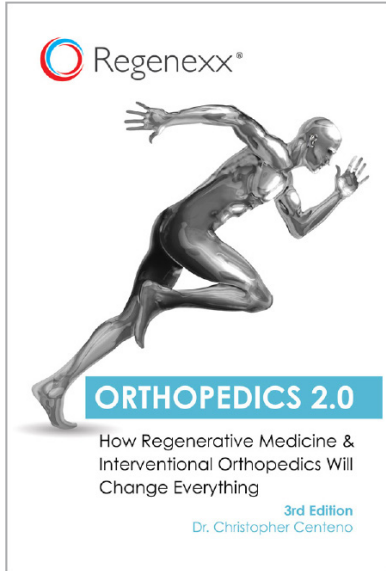
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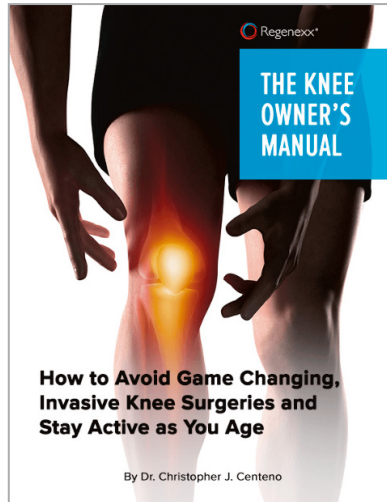


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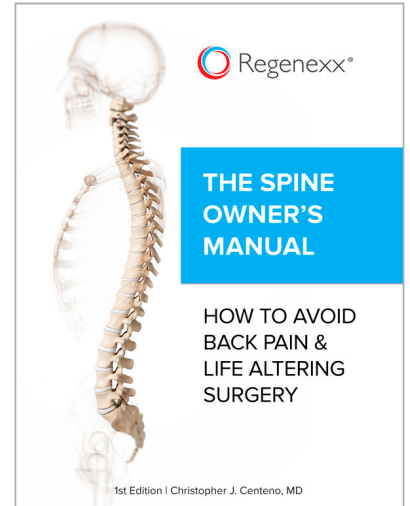
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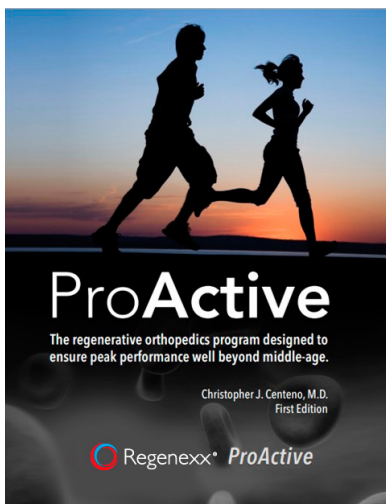
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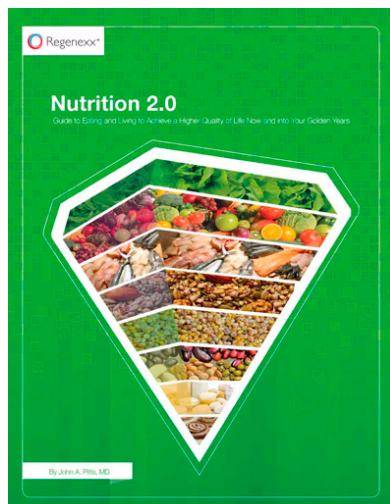
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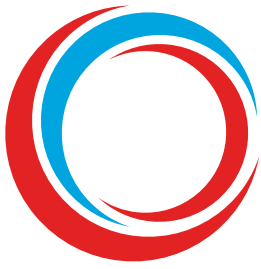


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