

TOTAL KNEE REPLACEMENT SURGERY

Ultimate solution for advanced osteoarthritis

DR NANDKUMAR KATAKDHOND

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down.

If medications, changing your activity level and using walking supports are no longer helpful, you may want to consider total knee replacement surgery. By resurfacing the damaged and worn surfaces of the knee can relieve pain, correct leg deformity and help resume normal activities.

Is total knee replacement for you?

Whether to have total knee replacement surgery should be a cooperative decision made by you, your family, your family physician and your orthopaedic surgeon. Alternatives to traditional total knee replacement surgery that your orthopaedic surgeon may discuss with you include activity modification, weight reduction if you are obese or arthroscopic joint lavage.

Reasons that you may benefit from total knee replacement commonly include:

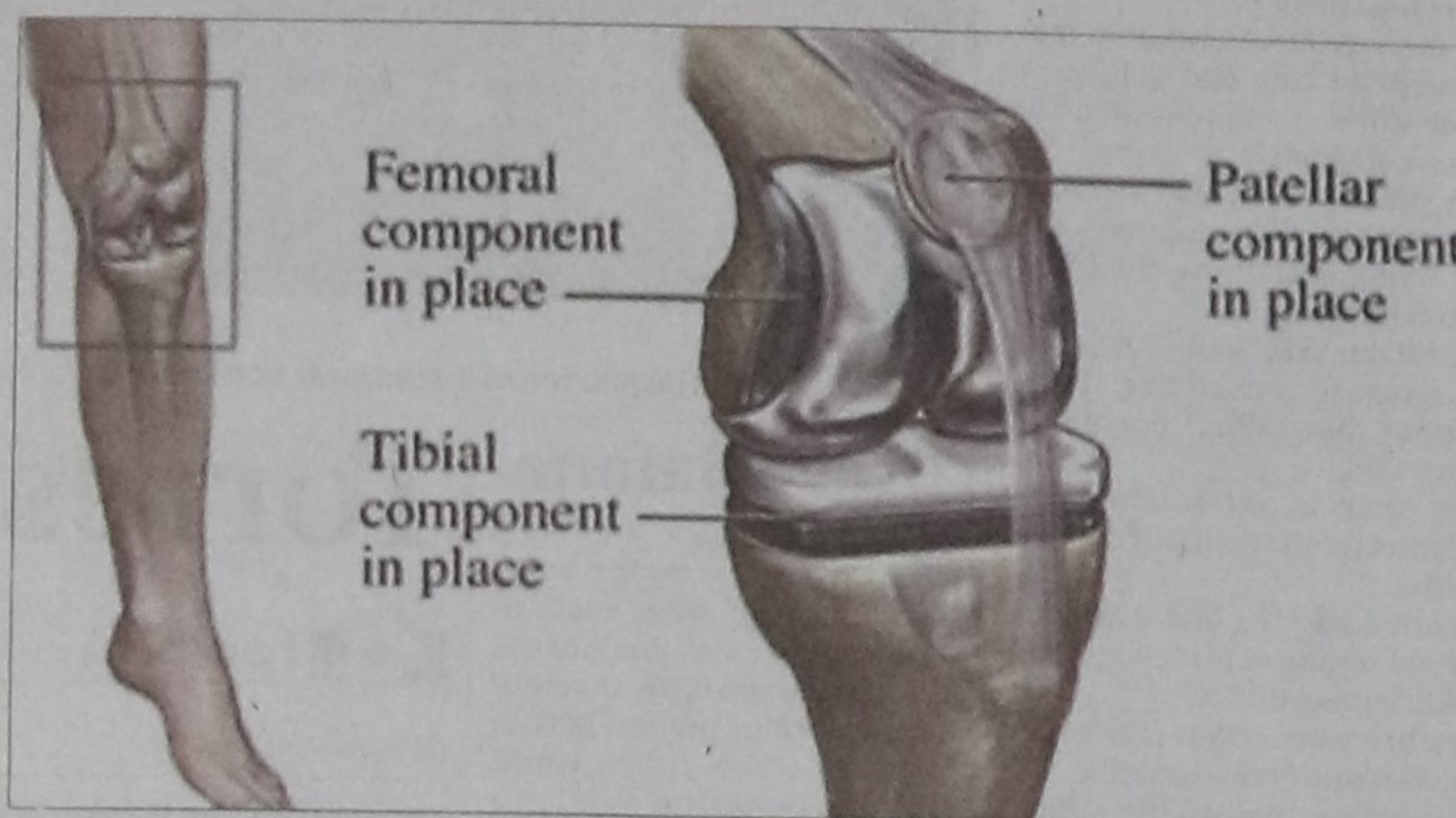
- Severe knee pain that

limits your everyday activities, including walking, climbing stairs, and getting in and out of chairs. You may find it hard to walk more than a few blocks without significant pain and you may need to use a cane or walker

- Moderate or severe knee pain while resting, either day or night
- Chronic knee inflammation and swelling that does not improve with rest or medications
- Knee deformity: a bowing in or out of your knee
- Knee stiffness: inability to bend and straighten your knee

• Failure to obtain pain relief from non-steroidal anti-inflammatory drugs. These medications, including aspirin and ibuprofen, often are most effective in the early stages of arthritis. Their effectiveness in controlling knee pain varies greatly from person to person. These drugs may become less effective for patients with severe arthritis

- Inability to tolerate or complications from pain medications
- Failure to substantially improve with other treatments such as cortisone injections, physical therapy, or other surgeries



Most patients who undergo total knee replacement are age 60 to 80, but orthopaedic surgeons evaluate patients individually. Recommendations for surgery are based on a patient's pain and disability, not age. Total knee replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.

Realistic expectations about knee replacement surgery

More than 90 percent of individuals who undergo total knee replacement

experience a dramatic reduction of knee pain and a significant improvement in the ability to perform common activities of daily living. But total knee replacement will not make you a super-athlete or allow you to do more than you could before you developed arthritis. You have to make sure certain things after surgery if you want to get full benefits:

- Participate in regular light exercise programs to maintain proper strength and mobility of your new knee
- Take special precautions to avoid falls and injuries. Individuals who have undergone total knee replacement

surgery and experience a fracture may require more surgery.

Complications

The complication rate following total knee replacement is low. Serious complications, such as a knee joint infection, occur in fewer than 2 percent of patients. Total knee replacement done in a proper set up with good Operation theatre minimises infection rate to negligible. Major medical complications such as heart attack or stroke occur even less frequently. Chronic illnesses may increase the potential for complications.

Although uncommon, when these complications occur,

they can prolong or limit full recovery. Blood clots in the leg veins are the most common complication of knee replacement surgery. Your orthopaedic surgeon will outline a prevention program, which may include periodic elevation of your legs, lower leg exercises to increase circulation, support stockings, and medication to thin your blood.

Although implant designs and materials as well as surgical techniques have been optimised, wear of the bearing surfaces or loosening of the components may occur. Additionally, although an average of 115° of motion is generally anticipated after surgery, scarring of the knee can occasionally occur, and motion may be more limited, particularly in patients with limited motion before surgery. You are recommended to discuss your concerns thoroughly with your orthopaedic surgeon prior to surgery.

Total Knee Replacement surgery is the only solution for Advanced Osteoarthritis and makes the patient enjoy life in a disease free manner and improves their quality of life in day to day activities.

The writer is a Consultant and Coordinator of Orthopaedics, Bone and Joint Centre, Apollo Hospitals, Dhaka.

Ophthalmologist or optometrist for eyeglasses?

UZAIR ABDULLAH

This is a very common source of confusion. You do not have to see both! Optometrists are doctors (their degree is an OD, or doctor of optometry) who are trained to perform annual evaluations of your eyes, detect certain eye diseases and prescribe eyeglasses or contact lenses for the correction of nearsightedness, farsightedness, and astigmatism. They are not allowed to perform medical treatment of the eyes or eye surgery, as they have no medical school training.

Ophthalmologists are doctors (their is an MD, or doctor of medicine, degree) who have been fully trained in a medical school. They can also prescribe eyeglasses and contact lenses, but most important, they diagnose, treat, and perform surgery for eye diseases. Ophthalmologists also have knowledge of general illnesses of the body, because of their full medical training. To become an ophthalmologist, a person requires a college degree, four years of medical school, three to four years of residency training, and in some cases, one to two more years of fellowship training in specific specialties of the eye. If you require a routine eye exam or are simply updating your eyeglasses or contact lens

prescription, a visit to the optometrist may be the best option. However, for a specific problem in the eye resulting from a disease, trauma, infection, or surgery, an ophthalmologist is the most appropriate professional to visit

According to statistic, there are about 700 Ophthalmologists in Bangladesh, which comes to ratio of 1:200,000, which is very few. Moreover, out these 700 Ophthalmologists, 20% are abroad for higher training on surgery.

Generally in Bangladesh when we have any problem in our eye, we go to an Ophthalmologist. An Ophthalmologist charges taka 300 to 500 per visit, which is not affordable by many of our country people. In all developed countries, even in India, there are Optometrists who prescribe power spectacles.

In 2006, ORBIS International provided scholarship to 3 batches of students to do diploma course on Optometry in collaboration with University of South Asia and State University of Bangladesh. Now there are about 100 Optometrist in different eye hospitals and optical shops. It is hoped that within 2 to 3 years time there will be an Optometrist in all optical shop and people will know Optometrist.

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Fear over swine flu: Don't panic, stay cautioned

STAR HEALTH REPORT

The pandemic strain of Swine flu (also called H1N1 influenza virus) has already traveled to Bangladesh. Till date, 8 cases have been detected in the country. The last patient, who was identified Thursday as the country's first domestic transmission of the swine flu, was believed to be infected by his friend. This domestic transmission of swine flu in the country has created panic among general population. Experts urged people not to be panicked over swine flu's spread and advised to take precautionary steps to be protected.

The main route of transmission of the new influenza

A (H1N1) virus seems to be similar to seasonal influenza, via droplets that are expelled by speaking, sneezing or coughing. You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 1 metre if possible) and taking the following measures recommended by WHO:

- avoid touching your mouth and nose;
- clean hands thoroughly with soap and water, or cleanse them with an alcohol-based hand rub on a regular basis (especially if touching the mouth and nose, or surfaces that are potentially contaminated);



- avoid close contact with people who might be ill;
- reduce the time spent in crowded settings if possible;
- improve airflow in your living space by opening windows;
- practise good health

habits including adequate sleep, eating nutritious food, and keeping physically active.

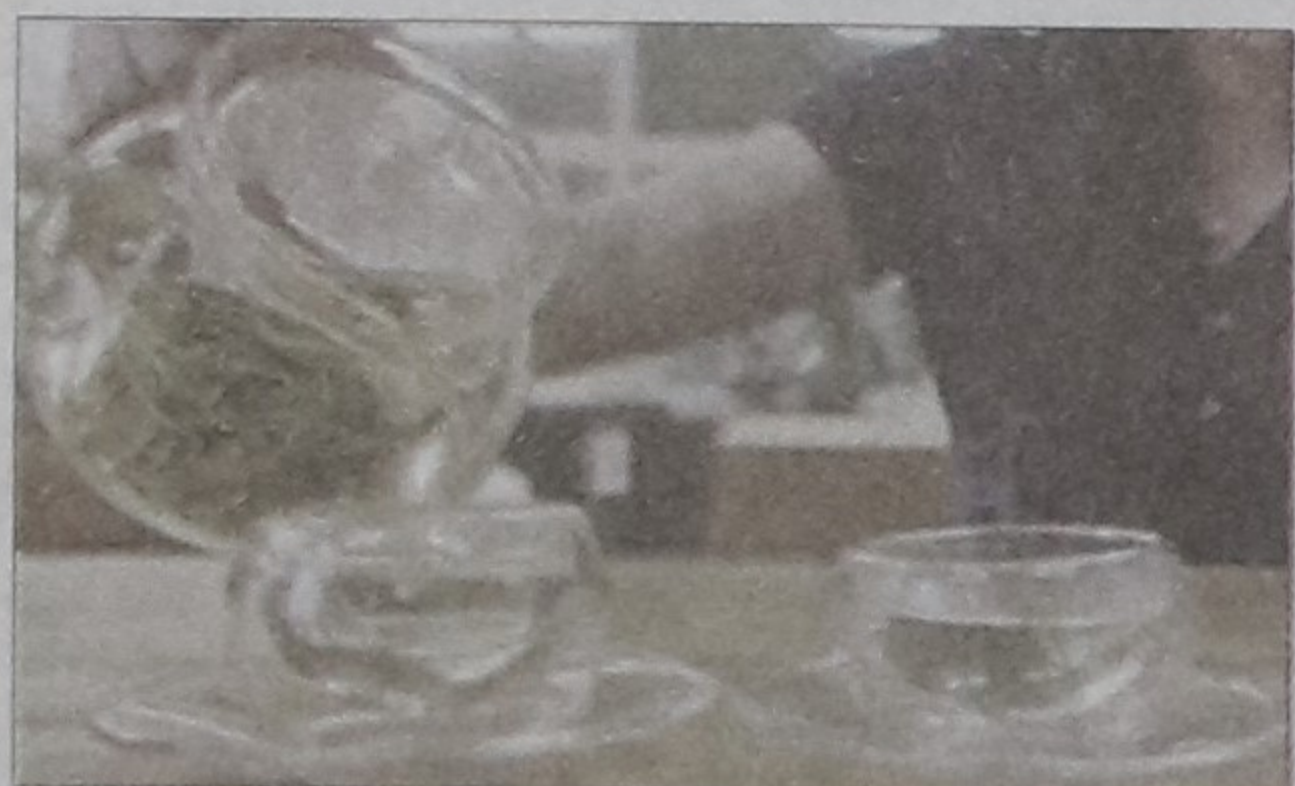
If you feel unwell, have high fever, cough or sore throat:

- stay at home and keep away from work, school or crowds;
- rest and take plenty of fluids;
- cover your nose and mouth when coughing and sneezing and, if using tissues, make sure you dispose of them carefully. Clean your hands immediately after with soap and water or cleanse them with an alcohol-based hand rub;
- if you do not have a tissue close by when you cough or sneeze, cover your mouth

as much as possible with the crook of your elbow;

- use a mask to help you contain the spread of droplets when you are around others, but be sure to do so correctly;
- inform family and friends and health professional about your illness and try to avoid contact with other people;

A person should seek immediate medical care if they experience shortness of breath or difficulty breathing, or if a fever continues more than three days. For parents with a young child who is ill, seek medical care if a child has fast or labored breathing, continuing fever or convulsions (seizures).



Green tea could delay prostate cancer

REUTERS, New York

Active compounds in green tea may slow down the progression of prostate cancer, researchers reported recently.

Capsules made using green tea extracts called polyphenols lowered levels of proteins that tumors use to grow, the researchers found.

Made by Polyphenon Pharma, the capsules called Polyphenon E contain epigallocatechin gallate or EGCG, a green tea extract that has antioxidant properties.

Jim Cardelli of Louisiana State University Health Sciences Center in Shreveport and colleagues tested 26 prostate cancer patients, aged from 41 to 68.

Each took four Polyphenon E capsules a day -- equivalent to drinking 12 cups of green tea -- for about a month before they had their prostates removed.

Blood tests showed levels of three proteins associated with the growth and spread of prostate cancer fell. Hepatocyte growth factor or HGF fell 18.9 percent on average, vascular endothelial growth factor or VEGF fell by 9.9 percent and prostate specific antigen PSA fell by 10.4 percent, they reported in the journal Cancer Prevention Research.

The test in 26 prostate cancer patients was a small trial and bigger studies would be needed to confirm the results.

Dealing with male infertility

DR FATIMA MONTAZ

All over the world, the problem lies solely in the men partner in about one in five infertile couples and in about another quarter of cases, both partners are responsible for the problem. Although, there is common belief of blaming only female partner are still prevail. It has been estimated that one in 20 men have some kind of fertility problem and one in every 100 men produces no sperm in their ejaculate. But fortunately, one in eight infertile men are medically treatable.

Medically untreatable subfertility

Three quarters of infertile men have sperm present in the semen but with subnormal value. Procedures like, intra-uterine insemination (IUI)-Inserting prepared sperm into the uterus or in-vitro fertilisation (IVF)-insemination of egg with prepared sperm in a dish, can help this group of men to overcome the situation.

Untreatable male infertility

About one in nine infertile men has no sperm in their semen. Azospermia may be due to absent sperm production or blockage in the duct. At present no treatment is available even with modern IVF settings to treat male infertility with absent sperm production but infertility due to blockage can easily be treated by intracytoplasmic sperm injection (ICSI) in conjunction with epididymal or testicular sperm aspiration or testicular biopsy under local anaesthesia or with frozen sample.

Thus this procedure is mainly indicated for male factor infertility in which the count, motility, or strict morphology is low. In a highly reputed IVF clinic has achieved cumulative pregnancy rate with ICSI around 70 percent and found no significant increase in congenital defects in ICSI babies compared to general population.

Indications for ICSI

- Oligozoospermia (< 20 million per ml)
- Asthenozoospermia (< 30% progressive motility)
- Teratozoospermia (abnormal shaped sperm)
- Antisperm antibodies
- Fertilisation failure after conventional IVF
- Ejaculatory disorders
- Congenital bilateral absence of vas deferens

- Obstruction of both ejaculatory ducts
- Azospermia due to obstruction
- Failed vasovasostomy

Even if it is very stressful for an infertile man after an initial diagnosis of infertility but man have to understand that absence of sperm in the semen is not the end of the world. And at the end of the day, with the help of ever advanced technology, a man need only one healthy sperm to fertilise an egg compared to minimum 100 millions in natural conception.

So, every man has to ensure that he has at least one healthy, good swimmer sperm by practicing a healthy lifestyle so that his future desire to have a healthy baby does not turn into ashes.

The writer is Master of Clinical Embryology, Monash IVF, Australia.



Recurrent abdominal pain in children

DR M KARIM KHAN

Amina is a student of class V. Since last 6 month she is having frequent attacks of abdominal pain. Her pain is around umbilicus and not associated with fever, vomiting or diarrhoea. Pain occurs during school time and while her private tutors come. Amina's parents became very anxious and paid visit to several doctors with the same problem. This is a typical presentation of recurrent abdominal pain.

Recurrent abdominal pain in children is relatively a common problem. About 10% of the school going children face this problem and girls are more affected than males. Male female ratio is 4:3. It is rare before 5 years of age and most common in 8-10 years of age.

The child complaints of recurrent abdominal pain, colicky in nature, site and intensity is variable though it is more common around umbilicus. There are two major causes of recurrent

abdominal pain a) Organic causes; and b) Functional.

Fortunately 90% of the causes are functional. Though mostly functional but organic causes must be excluded and to do that detail history, physical examination and sometime related laboratory examination are very important. If the pain is away from the umbilicus, it is more likely of organic origin. Examinations are necessary to exclude appendicitis and renal causes. Functional pains are psychological such as school refusal, irrational fear, disliking of teacher, friends and some times to avoid home work etc.

Management of such psychosomatic abdominal pain includes reassurance to parents, occasional use of paracetamol, psychotherapy and anti anxiety drugs. By late adolescents all patients become okay.

The writer is a Child specialist working at Bangladesh Heart & Chest Hospital, Dharmundi, Dhaka.