

## What are my options for managing joint pain?

You can use this tool to talk with your doctor or loved ones about your decisions.

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

### 1. Get the facts

#### Your options

- Have surgery to replace your knee or hip
- Don't have this surgery. Instead, use other treatments, like exercise, weight loss (if you're overweight), medicines, or another type of surgery.

#### Key points to remember

- The decision you and your doctor make depends on your age, health, and activity level, and on how much pain and disability you have.
- Most people have knee or hip replacement only when they can no longer control arthritis pain with medicine and other treatments and when the pain really interferes with their lives.
- Rehabilitation after knee or hip replacement requires daily exercises for several weeks.
- Most knee or hip replacements last for at least 15 years. Some people need to have the knee replaced again.
- If you wait so long to have a knee or hip replacement that you have already lost much of your strength, endurance, and ability to be active, then after the surgery you might have a harder time returning to your normal activities.

#### FAQs

## Why do I have pain?

Osteoarthritis is a problem that affects all parts of the joint. For example, when cartilage breaks down, the bones start to rub against each other. This causes damage to tissue and bone. The symptoms of osteoarthritis include joint pain, stiffness after inactivity, and limited motion.

## Why is managing pain important?

Over time, pain associated to knee or hip deterioration may cause:

- “Delirium” (confusion, excessive sleepiness, agitation, talk that does not make sense, or seeing things that are not there).
- Poor sleep
- Depression

Uncontrolled pain can also interfere with treatments for your other medical conditions. Pain can also slow down your physical therapy and recovery. Your doctor, nurse or physical therapist will ask you about your pain. They may ask you to rate your pain so that they can see if treatment is helping. It is important to let them know if you are still experiencing pain.

The amount of pain and type of pain from your knee or hip can change during your treatment. For example, the pain can be different during physical therapy, exercise or regular activity.

## 2. Compare your options

### Usual care for joint pain

Your doctor may give you medicines to treat pain before or after a surgery. Some of these may include:

#### Acetaminophen

This non-aspirin pain medicine is often used for many types of pain, such as body aches and headaches. It may be sufficient to control your pain. Sometimes it is used in combination with other drugs to provide pain relief.

#### Opioid Analgesics

Some common names for these drugs are morphine, codeine, and oxycodone. You may get these medications as a pill, a shot, or through a tube in your arm (“IV”).

Common side effects of opioid analgesics include:

- Nausea, vomiting, and constipation
- Sleepiness and confusion
- Itchiness

### **Nonsteroidal Anti-Inflammatory drugs or NSAIDs.**

Some common names for these drugs are ibuprofen and naproxen. These medicines come in a pill or liquid.

Common side effects of NSAIDs include:

- Dizziness
- Nausea
- Diarrhea
- Excess gas
- Irritation and bleeding of the stomach and intestines

Be sure to tell your doctor if you experience any of these side effects. Your doctor may give you medicines to help.

### **Additional Ways to Reduce Pain**

Research has documented other ways to manage pain. Other treatments may include:

- Nerve blocks
- Traction
- Acupressure
- Muscle-relaxation therapy
- Neurostimulation

#### Nerve Blocks

A nerve block uses a medicine called an “anesthetic” to numb the nerves so that you do not feel pain for a while. Your doctor might use a nerve block to help relieve your pain if you cannot take other medicines like NSAIDs or opioids. Nerve blocks can be used before, during or after an operation.

There are many types of nerve blocks. Your doctor or an anesthesiologist/pain specialist may inject these medications into more than one location in your body to give you pain relief.

Some research shows that nerve blocks used for surgery may ease short-term pain more than the usual treatment of NSAIDs and opioids.

### Traction

Traction is treatment where a part of the body is pulled into certain positions. Traction is sometimes needed for other reasons other than pain. Traction may be used in combination with pain medications

### Acupressure, Muscle-Relaxation Therapy and Neurostimulation (TENS)

These are therapies that can be used before or after an operation.

Acupressure is when a trained therapist presses on specific parts of the body to relieve pain in other body parts.

Muscle-Relaxation Therapy involves techniques that teach breathing and relaxation to reduce muscle tension and relieve pain.

Neurostimulation, also known as TENS involves giving small amounts of electricity to excite the nerves around a painful area.

Doctors do not know if joint pain will be improved or relived by these methods alone or if they will need to be applied in addition to medications.

### **How is joint pain impacting my ability to function?**

*(Place an "X" in the box that best describes your pain for each question)*

<b>In the past week....</b>	<b>Not at all/ No Pain</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Severely</b>	<b>Extremely</b>

How intense has your joint pain been?					
How much has your joint pain affected your sleep?					
How much has your joint pain affected your overall quality of life?					
How much has your joint pain made it DIFFICULT to do your daily activities such as errands, chores, hobbies, socializing, travel and being physically active?					

**What are you currently doing to manage your pain?**

*(Place an "X" in the box that best describes your pain for each question)*

Level 0	<input type="checkbox"/> Nothing Yet  <input type="checkbox"/> Chondroitin	<input type="checkbox"/> Hot pepper Cream	<input type="checkbox"/> Glucosamine	<input type="checkbox"/> TENS Unit
Level 1	<input type="checkbox"/> Exercise	<input type="checkbox"/> Healthy Weight	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Acetaminophen - Tylenol
Level 2	<input type="checkbox"/> Non Steroid Creams (NSAID) – Pennsaid lotion	<input type="checkbox"/> Insoles	<input type="checkbox"/> Joint injection with Steroid	
Level 3	<input type="checkbox"/> NSAID pills - Advil			
Level 4	<input type="checkbox"/> Opioids – narcotic pain killers			
Level 5	<input type="checkbox"/> Seeking consultation with a surgeon			

**What does the research show?**

Level 0	Chondroitin	<ul style="list-style-type: none"> <li>• 30 of 100 people improve on their own</li> <li>• 0 of 100 people improved due to treatment alone</li> </ul>
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	Hot Pepper Cream  Glucosamine  Tens Unit	<ul style="list-style-type: none"> <li>• 70 of 100 people didn't improve</li> </ul>
Level 1	Exercise  Healthy Weight  Acupuncture  Acetaminophen	<ul style="list-style-type: none"> <li>• 30 of 100 people improved on their own</li> <li>• 6 of 100 people improved due to the treatment</li> <li>• 64 of 100 people did not improve</li> </ul>
Level 2	Non Steroid Creams (NSAID) – Pennsaid lotion  Insoles  Joint Injections with Steroids	<ul style="list-style-type: none"> <li>• 30 of 100 people improved on their own</li> <li>• 21 of 100 people improved due to treatment</li> <li>• 49 of 100 people did not improve</li> </ul>
Level 3	NSAID pills - Advil	<ul style="list-style-type: none"> <li>• 30 of 100 people improved on their own</li> <li>• 21 of 100 people improved due to treatment</li> <li>• 49 of 100 people did not improve</li> </ul>
Level 4	Opioids – narcotic pain killers	<ul style="list-style-type: none"> <li>• 30 of 100 people improved on their own</li> <li>• 21 of 100 people improved due to treatment</li> <li>• 49 of 100 people did not improve</li> </ul>
Level 5	Seeking consultation with a surgeon	Consider seeing a surgeon about joint replacement options if other methods have not worked.

### 3. What matters most to you?

For each question listed below, choose a number from 0 to 5 that best represents how each reason matters to you. “0” means it is not important to you and “5” means it is very important to you.

How important is it to you....	Not Important					Very Important	Options to consider if the reason is important to you.
To get better pain relief	0	1	2	3	4	5	Try other options at your current level move to next level
To avoid taking pills	0	1	2	3	4	5	Try options in Level 1 or 2
To avoid needles	0	1	2	3	4	5	Avoid acupuncture in Level 1 and joint Injections in Level 2
To avoid bleeding Ulcers or heart attack	0	1	2	3	4	5	Avoid NSAID pills in Level 3
To avoid withdrawal Symptoms	0	1	2	3	4	5	Avoid Opioid pain killers in Level 4

#### 4. Where are you leaning now?

Which of the following options do you prefer?

- I am unsure
- I prefer no change in my current management
- I prefer to try the following:

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#### 5. What else do I need to make my decision?

Your physician and staff are available to help you with your decision making process in regard to pain management. Select any of the following that remain a concern to you:

- How quickly can I expect relief from my pain?
- How long will I have to manage my pain?
- I am concerned about the amount of support I may have.
- I am unclear which options are best for my situation.
- I am unsure about the best choice for me.
- I am concerned about side effects.

Your physician will discuss these concerns with you and come to a joint decision regarding your pain management treatment options.

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## References

### Citations

1. Beswick AD, et al. (2012). What proportion of patients report long-term pain after total hip or knee replacement for osteoarthritis? A systematic review of prospective studies in unselected patients. *BMJ Open*, 2(1). DOI: 10.1136/bmjopen-2011-000435. Accessed April 24, 2016.
  2. University of Alberta – Report *Pain Management Interventions for Hip Surgeries*. University of Alberta Evidence-based Practice Center funded by AHRQ. Report: [www.effectivehealthcare.ahrq.gov/hippain.cfm](http://www.effectivehealthcare.ahrq.gov/hippain.cfm). Prepared by John M. Eisenberg Center for Clinical Decisions and Communications Science – Baylor College of Medicine, Houston Texas, 2012.
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