

Making a decision about knee osteoarthritis

NHS

**VERSUS
ARTHRITIS**

What is this for?

This document is to help you with decisions about your **knee osteoarthritis**. It includes information about the condition and possible treatments.

There are some parts you can fill in. You can prepare for your next appointment by completing pages 1 – 5 and 8 & 10. This will help your healthcare professional understand your situation and what's important to you. You can also use it during your appointment with your healthcare professional.

Pages 1 – 7 help you make your decision

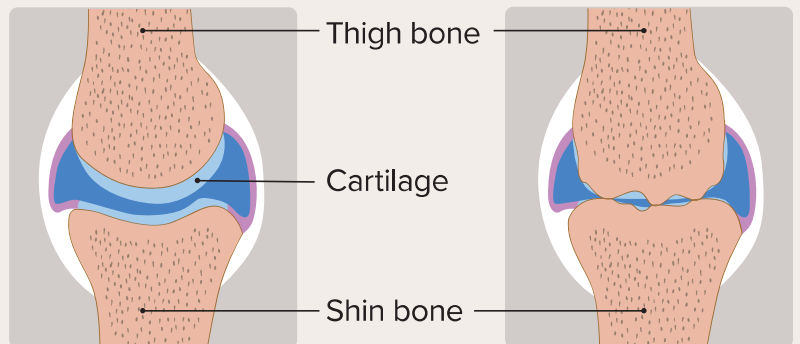
Page 9 gives you more general information

What is osteoarthritis?

Knee joints have a smooth cushioning substance called cartilage, between the two ends of the thigh and shin bones.

Osteoarthritis is when this cartilage becomes thin, the joint is damaged and it can not move easily. Your body tries to repair the joint. Sometimes this repair does not work well which results in pain, stiffness and swelling.

Most of us will get some osteoarthritis in our joints as we age but it doesn't always cause pain.



Healthy knee
Joint surfaces glide smoothly

Knee with osteoarthritis
Joint surfaces don't move smoothly

How is my osteoarthritis? (Please put an 'X' in the box that applies to you)

Occasional pain – I can still do most activities

Frequent pain – my activity is quite limited

Continuous pain – including at night. I can do very little

Treatment options

There are many things you can do to help manage your arthritis.

Things I can do myself



Tablets, creams & injections



Surgery



Which options are better for you depends on your personal preferences, your age, and how symptoms are affecting your life. Not every treatment is available to everyone on the NHS at all times.

Osteoarthritis is a common condition. With the right support, most people learn to manage their arthritis well. You can try a combination of things at the same time from the 'things I can do myself' and 'tablets, creams and injections' options.

2 What's important to me?

What matters to you is an important part of making a decision about treatment. On each question think about your answer and put a 'X' in the scale on the right. You might want to talk about your answers with your healthcare professional.

Thinking about your knee osteoarthritis put an 'X' on the scale where it applies to you

Yes ← | → No

I find my pain unmanageable

My pain interferes with my sleep

My symptoms are affecting my mental health and wellbeing

I have more bad days than good days

I am struggling with daily activities (housework, chores, gardening, managing stairs) because of my symptoms

My symptoms are affecting my ability to work

My symptoms mean I am not able to spend as much time as I want to with family and friends

Use this space to write down your own thoughts:

Osteoarthritis can affect many aspects of your life. Mark with an 'X' which of the following you would like help with. Your team can offer support and advice.

I would like help with

Managing at home or being active

My mental health and wellbeing

Pain

Managing at work or with finances

Sleep

Fatigue

Once you have completed this page, you can show it to your healthcare professional at your next appointment and decide together what to do.

3 Things I can do myself



Read through the treatments on the next 3 pages. Think about which might be best for you. You can try a combination of things at the same time from this page and the **'tablets, creams and injections'** options.

Being active or exercise programmes

It's good to be active and exercise can help with symptoms. Focus on what you enjoy. Group exercise can help such as 'ESCAPE pain' (see **page 9** for links). Exercise is safe but you should start **gradually**. It is normal to feel achy and tired at first. If **pain** and **swelling increase** or **keep you awake** at night and this lasts for a few days, then you may have done too much. If this happens, rest for a couple of days and as you feel better, gradually start again.

If you don't feel better discuss with your healthcare professional

Many people feel better from specific exercises to improve movement and strength around the knee. Your healthcare professional can explain more.

Being a healthy weight

Being a healthy weight can help with symptoms of osteoarthritis. However, pain can make exercise and weight loss difficult. Some people find support groups can be helpful while trying to more active or be a healthy weight. See **page 9** for links.

Other therapies

As well as being a healthy weight or exercising, you can try one of more of the options below.

Manual therapies

These are hands-on therapies from a qualified healthcare professional such as a physiotherapist or osteopath. They can help with pain when combined with exercise.

Walking aids

Some people find walking aids useful. They help take the weight off the knee which can help with pain, especially if you are walking longer than normal or on rough, uneven ground. They also make you more stable and less likely to fall. They show people around you that you might need more space or are slower.

Treatment options that are not recommended

There is **no good evidence** that the following help with knee osteoarthritis: electrotherapies such as TENS machines, acupuncture, insoles or footwear. There is no evidence that they are harmful.

There is no good evidence that supplements like glucosamine and chondroitin help with osteoarthritis pain.

How do you feel about these options?

You can complete this section and show your healthcare professional at your next appointment. Put an **'X'** in the boxes that apply to you.

	I tried this and it helps	I tried this and it didn't help	This is not for me right now	I would like to consider this
Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Tablets, creams and injections



You can try a combination of things at the same time from this page and the **'things I can do myself'** page.

All medicines have potential risks and benefits (see pages **6 & 7**). Some medicines will need to be prescribed by a healthcare professional.

Non-steroidal anti-inflammatory drugs (NSAID) creams

For example ibuprofen and diclofenac. These are creams or gels that you rub into the skin over the knee where you feel pain. They have fewer side effects and are safer than NSAID tablets and should be tried first. You might not need to take as many tablets if you use creams or gels.

Non-steroidal anti-inflammatory drugs (NSAID) tablets

For example ibuprofen or naproxen. These are effective for osteoarthritis pain. Some NSAIDs need a prescription. Check with your healthcare professional before taking NSAIDs because some people shouldn't take them. They have side effects and should be taken at the lowest dose that works for you, for the shortest possible time, and usually with other tablets that protect the stomach. The longer you take NSAID tablets, and the higher the dose, the greater the risk of side effects such as kidney damage, bleeding from the stomach, heart attacks and strokes. If you already have kidney or heart problems, your risk is higher.

Capsaicin cream

This is a cream which you rub into the skin over the knee where you feel pain. You need to use it 3 – 4 times daily for several weeks to get the benefit. It contains an ingredient from chilli peppers, so you will feel a burning sensation when you use it.

Weak opioids

You should only take weak opioids such as codeine if you cannot take NSAIDs. Take the lowest dose possible for the shortest time possible. Opioids can cause side effects and addiction. Strong opioids such as patches are not recommended.

Steroid injections

These can help people with osteoarthritis that is very bad and that goes on for a long time. They can reduce pain for up to 3 months. There is a small risk of complications such as pain, infection, bleeding or bruising where the needle goes in.

Not recommended for osteoarthritis:

There is **no good evidence** that **paracetamol** helps with osteoarthritis pain and long term use might be harmful. There is no good evidence that **stem cell therapy** or **platelet rich plasma** help with osteoarthritis pain. Injections with **hyaluronic acid do not help** with knee osteoarthritis.

How do you feel about these options?

You can complete this section and show your healthcare professional at your next appointment. Put an **'X'** in the boxes that apply to you.

	I tried this and it helps	I tried this and it didn't help	This is not for me right now	I would like to consider this
NSAID creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAID tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capsaicin cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weak opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroid injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Surgery



Knee replacement surgery is **usually only offered to people with severe osteoarthritis** (severe pain that has lasted a long time and / or other things have not helped).

Surgery can usually help with pain and basic mobility but the new joint might be less mobile than your original knee joint. You may not be able to do everything you used to do before. Talk to your doctor about realistic expectations of surgery before you decide to go ahead.

Types of surgery

Partial – only one side of the joint is replaced

Total – the whole knee joint is replaced

Which you will be offered depends on your age, health and condition of your joint.

Before surgery

Your surgery will work better if you can be **active, stop smoking** (if you smoke) and are a **healthy weight** before surgery.

During surgery

You will have a spinal anaesthetic (numb from the waist down) or general anaesthetic.

The surgeon makes a cut on your knee, takes out the damaged joint and fits a new one.

Surgery takes between 1 – 3 hours.

You will be in hospital between 1 – 5 days.

After surgery

You will be given blood thinning medicine to stop you getting a blood clot in the leg or lung. You will see a physiotherapist who will give you exercises to do when you get home. **These are vital to your recovery.** You will return to hospital after 6 – 8 weeks for a check up.

If you notice your new joint or the operated leg is hot, red, swollen or you have increased pain, contact your GP straight away.

Recovery

How quickly you recover depends on your age, general health and fitness, and how well you stick to the recommended exercises and guidance after surgery. **Surgery does not give everyone a better quality of life.**

You should be able to stop using crutches or a frame about **6 weeks** after surgery.

It may take **up to 3 months** for pain and swelling to settle down. For some people recovery can take many months, and some may need further support from a physiotherapist.

Driving – most people can drive again after about 6 weeks if they feel safe to do so.

Return to work – You can usually do office work after 6 weeks, but for a more physical job it will be longer.

How long does a replacement joint last?

Replacement joints don't last forever. It's difficult to replace a joint a second time. See **page 7** for more detail.

Waiting times

You might have to wait a long time for replacement surgery. How long depends on your hospital waiting list. You can check waiting times for your hospital on the My Planned Care website.

www.myplannedcare.nhs.uk

How do you feel about these options?

You can complete this section and show your healthcare professional at your next appointment. Put an 'X' in the boxes that apply to you.

I feel I have tried everything else to manage my symptoms.

I am happy to do daily exercises for several weeks before and after surgery

I do not want surgery right now

I would like to think about surgery now

6 Potential benefits and risks

The numbers on these pages are averages from research studies (see **page 10** for details).

They show how many had less pain but other things like strength or mobility might be important to you.

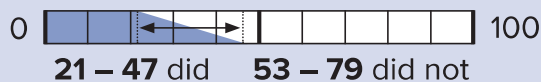
Talk to your healthcare professional about how well each treatment might work for you. What works for one might not work for another. Even if only a small number had less pain with a treatment, you might be one of these.

In the research studies, how many people's pain got better?
(Out of every 100 people)

In the research studies, how many people had side effects?
(Out of every 100 people)

Do nothing

Around **21 – 47** people had **less pain** taking placebo (dummy pills), **53 – 79** did not.

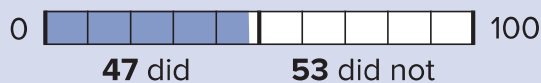


Around **14** people taking placebo (dummy pills) said they had **gut problems**, **86** did not.

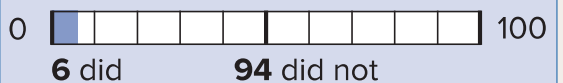


Exercise

Around **47** people had **less pain** doing exercises, **53** did not.

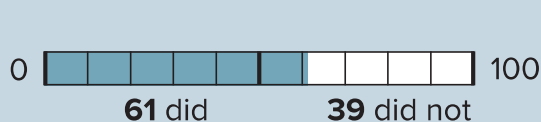


Around **6** people doing exercises had **side effects**, **94** did not.

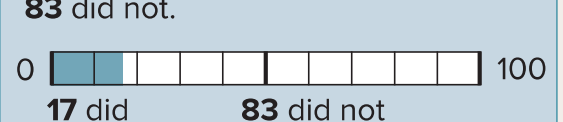


NSAID creams

Around **61** people had **less pain** using NSAID creams, **39** did not.

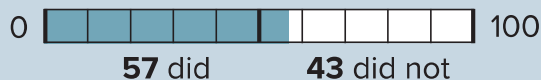


Around **17** people using NSAID creams said they had **skin irritation**, **83** did not.

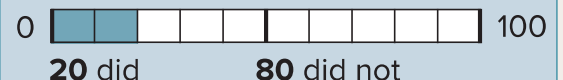


NSAID tablets

Around **57** people had **less pain** using NSAID tablets, **43** did not.

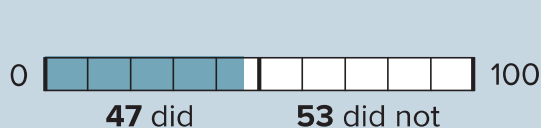


Around **20** people said they had **stomach and gut problems**, **80** did not.

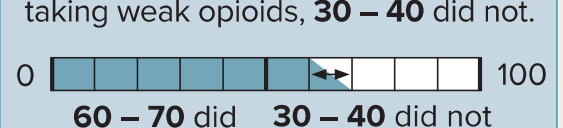


Weak opioids

Around **47** people had **less pain** taking weak opioids, **53** did not.

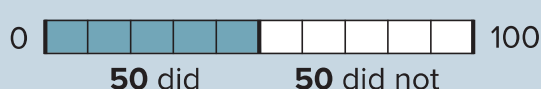


Around **60 – 70** people said they had **stomach and gut problems** taking weak opioids, **30 – 40** did not.



Steroid injections

Around **50** people had **less pain** with steroid injections, **50** did not.



Around **13** people having steroid injections had **pain or infection** at the injection site, **87** did not.



7 Potential benefits and risks

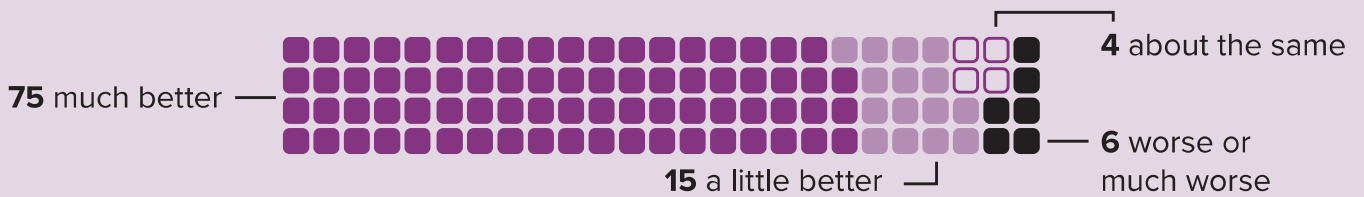
Surgery



Surgery is not usually offered until your osteoarthritis is severe. These numbers cannot be compared directly with the other treatment options, because often they are tried first, before it becomes severe.

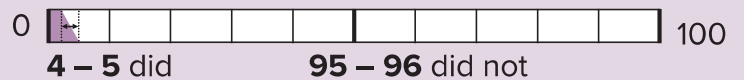
The numbers here are from research studies.

How many people considered their knee better or worse after the operation? (Out of 100 people)



How many people have complications? (Out of 100 people)

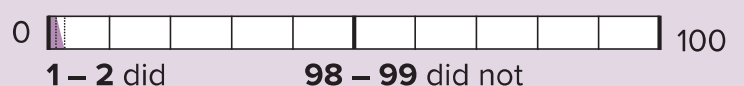
Around **4 – 5** had an Infection needing another surgery, **95 – 96** did not.



Around **19** people had stiffness, **81** did not.

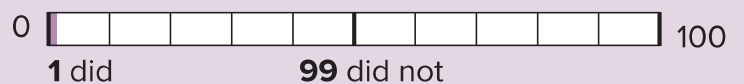


Around **1 – 2** people had a blood clot in the leg (deep vein thrombosis or DVT), about **98 – 99** did not.

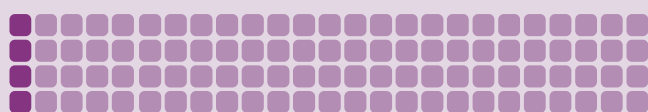


About half of these have a clot that travels to the lungs (pulmonary embolism) that needs urgent treatment.

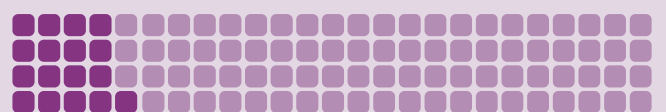
Around **1** person had nerve damage that changed feeling in the leg, **99** did not.



How many people had their knee replacement redone (a second replacement) within 15 years ? (Out of 100 people)



Total knee replacement About **96** did not about **4** had it redone



Partial knee replacement About **83** did not about **17** had it redone

Replacement joints don't last forever. It is a very big and difficult surgery to replace a joint that has already been replaced once. This is why your doctor will suggest surgery only when your pain is severe and you have tried everything else.

8 Making a decision about treatment

You can use this page to prepare for your discussion with your doctor or specialist team, or you can fill it in during your meeting with them. These answers will help you both decide what to do next.

Which options you are considering at the moment?

.....

Do you have any questions about these options?

.....

Do you know anyone who has tried these options?

.....

Would you like to be in touch with others to hear about their experiences?

Yes | No

Making the decision

Think about which treatment is the best option for you at the moment. **You do not have to make this decision immediately. You can take some time, discuss it with family, friends, healthcare professionals, and then decide.** You can always try other options in the future.

I feel sure about the best choice for me

Yes No

I know enough about the potential benefits and harms of each option

Yes No

I am clear about which potential benefits and harms matter most to me

Yes No

I have enough support and advice to make a choice

Yes No

If you answered 'no' to any of these statements, show this page to your doctor and they will explain more.

Your decision (mark with an 'X' which applies to you)

Based on the information so far:

I have decided what to do next

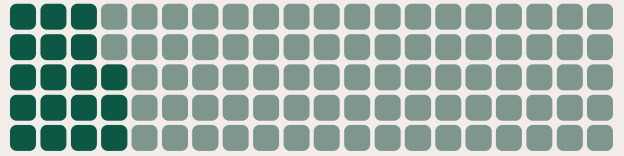
I feel unsure about what to do

I need more information to make this decision

9 More information

How many people have knee osteoarthritis?

About **18 in every 100** people **over the age of 45** in England have osteoarthritis of the knee. You are more likely to get it if you are a woman, have close relatives who have it, if you smoke, or if you are overweight.



What are the main symptoms?

Knee osteoarthritis affects different people in different ways. It usually causes **pain** (especially in the knee area) and sometimes **stiffness**. You might not be able to **move** the joint very easily. The joint might be **swollen**. You might **not be able to do daily activities** easily, especially those that require kneeling (gardening, walking, squatting). Some people have **trouble sleeping** due to pain. Your osteoarthritis **pain** might '**flare-up**', and be worse on some days than others.

How many people with knee osteoarthritis have surgery?

About **10 out of every 100** choose to have surgery to replace a knee in the first 10 years after they see their healthcare professional. About **90 out of every 100** people **don't have surgery** and can manage their osteoarthritis without it.



Where can I go to get more information?

NHS information on osteoarthritis: www.nhs.uk/conditions/osteoarthritis

NHS information about knee pain: www.nhs.uk/conditions/knee-pain

Programme for managing pain with exercise: ESCAPE pain <https://escape-pain.org>

Versus Arthritis, arthritis charity: www.versusarthritis.org

Arthritis Action, arthritis charity: www.arthritisaction.org.uk

Versus Arthritis, Arthritis Action, and other charities might have local support groups – you can check their websites for your area.

Information about waiting times and for support while you're waiting: www.myplannedcare.nhs.uk

Knee replacement surgery: Personalized risk calculator: <https://jointcalc.shef.ac.uk>

Eating well with arthritis: <https://bit.ly/3z5VYhT>

Video of knee osteoarthritis exercises

From NHS: youtu.be/yjzsJxzQKkA

From Versus Arthritis: <https://bit.ly/3wUFOqc>

From Chartered Society for Physiotherapy: <https://bit.ly/3N1vz95>

10 Next steps

Contacts

Name of my healthcare professional	What are their contact details?
.....
Contact details of hospital transport, if applicable	
.....	

Next steps

What will happen to me next? (treatments / tests?)	
.....	
When will these happen?	When will I be reviewed next?
.....
What decision do I need to make today? Or when do I need to make a decision?	
.....	

Questions for your specialist

These can be about any concerns you may have, for example what you hope for from your treatment decision

.....
.....

Where did we get our numbers from?

Benefits and risks of non-surgical treatments:

An analysis of studies for the Osteoarthritis Research Society International in 2019: <https://doi.org/10.1016/j.joca.2019.06.011>

How many people had less pain – a review of 155 studies looked at whether people had ‘meaningful improvement of pain’: <https://bit.ly/3lQeJhq>

Benefits of surgery:

NHS Proms Data 2020/21 <https://bit.ly/3MRck1N>

Complications of surgery:

Meta Analysis of 60 studies (2019): <https://doi.org/10.1136/bmj.l352>

Analysis of registry data of 8444 patients (2020): <https://doi.org/10.1186/s12891-020-03612-8>

How many people have a second knee replacement: <https://bit.ly/3x2lKzA>

How common is knee osteoarthritis in the UK: <https://bit.ly/3NHghpM>

Complications of steroid injections: A Cochrane review of 2 studies and 84 patients: <https://doi.org/10.1002/14651858.CD005328.pub3>

Produced in collaboration with:

Winton Centre for Risk and Evidence Communication, NHS England, Versus Arthritis, British Orthopaedic Association (BOA), Arthritis and Musculoskeletal Alliance (ARMA), British Hip Society, Chartered Society of Physiotherapy (CSP).

Date last updated: July 2022 v1.1

Conflicts of Interest – None declared

Funding: NHS England

This decision aid was created with input from patients and healthcare professionals.



Versus Arthritis

www.versusarthritis.org – helpline 0800 5200 520