Arthritis Pain & Surgery

Hosts: Rebecca Gillett, MS OTR/L and Julie Eller
Guest Speaker: Dr. Alan Beyer, MD, Orthopedic Surgeon, Hoag Orthopedic Institute, Newport Orthopedic Institute

Living with arthritis generally means living with pain, but because everyone experiences pain differently, the decision about when and whether to have joint surgery is a very personal one. This is especially true for people who have osteoarthritis (OA), for whom a new joint might eliminate pain and disability. But surgery is a big step, and it isn't without risk, although new techniques and protocols make complications rarer than they used to be.

In this podcast, Dr. Alan Beyer talks to Julie and Rebecca about some of the causes of OA and ways to manage pain if they will not be having surgery soon – whether by choice or because COVID-19 has delayed elective surgeries. In addition to emphasizing the importance of physical activity and weight management, he discusses medications and other measures to ease joint pain. He also explains how to choose the right surgeon and facility once you decide to have a procedure, how to prepare for it and more.

Alan Beyer, MD, is an orthopedic surgeon specializing in sports medicine, arthroscopic surgery of the knee and total knee replacement. He's the medical director of Hoag Orthopedic Institute and also practices at Newport Orthopedic Institute in Newport Beach, California. Dr. Beyer has written numerous academic papers, is currently principal investigator for two clinical trials and serves on the Orange County, California, board of the Arthritis Foundation. He is known as the host of "Doctor in the Dugout," a weekly radio show that takes an entertaining look at sports medicine and sport-related injuries.

Learn more about Dr. Beyer's work with Hoag Institute and listen to him in past episodes of Doctor in the Dugout.

Additional Arthritis Foundation resources:

Find joint-specific tips and modifications for many activities through the Your Exercise Solution tool.

Try Walk With Ease to start a walking routine to get moving and help control your weight.

And listen to a podcast about physical activity for more helpful tips and modifications to help you keep moving.

Arthritis Pain & Surgery Podcast Episode #14 full transcript – June 2, 2020

PODCAST OPEN:

Welcome to Live Yes! With Arthritis podcast, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is part of the Live Yes! Arthritis Network — a growing community of people like you who really care about conquering arthritis once and for all. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca Gillett (00:00):

We are excited to talk about osteoarthritis today. There are so many people who suffer from osteoarthritis, and specifically our guest today specializes in osteoarthritis in the knees. And I don't know about you Julie, but I know I've had a lot of knee issues over the years and when your knees hurt, it is tough to get moving.

Julie Eller (00:27):

It is tough to get moving and it's so difficult when you're living with more pain in your knee, because you use your knees every single day, in every single way. It's a really complicated joint and so sometimes it results in a need for a total knee replacement or surgery. And that's why we're talking with an expert today. Dr. Beyer is a board certified orthopedic surgeon specializing in sports medicine, arthroscopic surgery of the knee and total knee replacement.

Julie Eller (00:53):

He's the medical director of Newport Orthopedic Institute and has been with the Hoag Orthopedic Institute since 2010. His passion for sports influenced his decision to pursue this specialty and thus excel

in a vocation where preserving an active lifestyle is the key focus. He likes to say, "Motion is life". Over the years, Dr. Beyer has created numerous papers and presentations on sports medicine and joint replacement. He is also currently involved with clinical research as the principal investigator for two studies.

Julie Eller (01:28):

And coincidentally he's got lots of experience, talking on a radio show like this one because he hosts a radio show called the Doctor in the Dugout, where he provides an entertaining twist on sports medicine related topics and baseball.

Rebecca Gillett (01:47):

So thank you to Dr. Beyer for joining us on our episode today. We really appreciate you taking the time to talk about osteoarthritis with us.

Dr. Alan Beyer (01:56):

Well, thank you for having me. I'm happy to be here, Rebecca.

Julie Eller (02:00):

We're excited to kick it off. Can you just tell us a little bit about your specialty area of focus and what's exciting about it to you?

Dr. Alan Beyer (02:07):

Oh well, everything's exciting about it (laughing) for many years, right? Um, I am an orthopedic surgeon by training. I did my medical school at Georgetown University School of Medicine, my orthopedic residency at the Hospital for Joint Diseases in New York City. Uh, you could probably hear that I have that New York City background (laughing). So, I did my sports medicine fellowship following that at the Kerlan-Jobe Orthopedic Clinic out in LA where I currently live, thinking I was gonna go back to New York and be a sports medicine doc in New York.

Dr. Alan Beyer (02:40):

But I was in California for about a week and I realized there was no way I was going back to [inaudible 00:02:45] (laughing). So I've been in practice down here in Orange County for 39 something years, what I found as I've gotten older is that my patients are aging with me. So patients who I did, anterior cruciate ligament reconstructions on, and knee surgeries back 30 years ago, now

currently, you're coming to me with arthritis in their knees, so I'm doing more and more total knee replacements for arthritis as I get older. So your practice kind of ages with you.

Rebecca Gillett (03:23):

So if they're, they're aging with you and you've seen them before, if they had an injury Or a surgery, um, earlier on, at an earlier age, is that making them more prone to arthritis?

Dr. Alan Beyer (03:43):

the way we used to do anterior cruciate ligament reconstructions and even meniscal surgery taking care of a torn meniscus, um, it was very, very prominent in terms of causing degenerative disease in the knee later on. But since the advent of a lot of arthroscopic surgery, especially the arthroscopic ACL reconstructions that we do these days, patients aren't necessarily doomed to getting degenerative disease and arthritis in their knee later on.

Dr. Alan Beyer (04:16):

So I think that we'll actually see a diminution in the occurrence of osteoarthritis in the knees, as time moves on. Um, we're certainly seeing a lot less patients with rheumatoid arthritis and other inflammatory arthritis conditions. Less of them are needing knee replacements than they used to 20 or 30 years ago. And that's because of pharmacological advancement. That's because of the immunobiologic drugs and a lot of things like that that we use to treat rheumatoid arthritis and psoriatic arthritis now, that we didn't have 30 years ago.

Dr. Alan Beyer (04:50):

The degenerative arthritis from prior surgery is gonna decrease as well except disclaimer here, people are much more active now than they used to be 25 or 30 years ago. So those kinds of things drive a lot of the degenerative arthritis of the knees that we see as well.

Julie Eller (05:29):

We're getting closer and closer to better medicine and better treatments. So can you tell us a little bit about what you commonly see in patients with osteoarthritis? What are some of those things that we see today and what do we maybe anticipate seeing later on?

Dr. Alan Beyer (05:43):

So the big driver that brings people to the orthopedic surgeon for osteoarthritis problems, and I'm gonna focus mostly on the knee, Pain is the big thing. No matter how bad somebody's knee looked

on x-ray, um, or, or you know, other clinical findings. If they're not hurting, you don't do something big like a knee replacement on somebody. It's a big undertaking.

Dr. Alan Beyer (06:12):

So pain is number one. And then the question is how much pain? Um, I had a hip replacement myself six years ago, so I'm a really good kind of candidate to talk about what drove me to finally decide to have that surgery. It's when it's pain that's unremitting, that's waking you up at night, that's stopping you from doing something as simple as taking a walk around the block.

Dr. Alan Beyer (06:44):

not just a little nagging pain that taking a couple of Advil Tylenol take care of, so it's gotta be significant pain. The other things that enter into this are sometimes deformity. You know, people will develop significant bow legged or knock-knee deformity sometimes as their arthritis progresses, and sometimes you have to operate on them to correct those deformities. But pain is the number one biggest thing.

Julie Eller (07:47):

how do you foster a conversation with a patient when you're asking them about their pain, to make it comfortable for them to share some of those kinds of lived experiences as it relates to how they're feeling?

Dr. Alan Beyer (08:04):

So, that's a great question. and it's different for different people. Some people are very stoical and, and their x-rays look so bad, you can't believe they waited this long to come and see you in the office.

Dr. Alan Beyer (08:32):

Other people, their x-rays don't look as bad. But they're experiencing a great deal of pain. Pain is in your brain. Pain is not in your knee or in your hip or somewhere else. To me, it's all about quality of life. what did you live to be 70-years-old for, if you have to just be housebound and you can't do anything? What kind of quality of life is that?

Dr. Alan Beyer (09:05):

we've come 180 degrees in how we deal with arthritis as physicians, as surgeons. Back when I was in my residency 40-years-ago, if somebody had really severe arthritis, you told them to just shut it down. Just don't, don't go on a long walk. Don't do this, don't do that, it was all, don't, don't, don't.

Dr. Alan Beyer (09:35):

Now we like to say do, do, do because we really feel that you're better off getting out there and pushing your knee, and using your knee, and exercising your knee rather than just shutting down, sitting on the couch, watching TV all day long.

Rebecca Gillett (10:00):

Yeah. And so when somebody does come in and they're having this pain but they're not having the kind of pain you described as, "Yeah, I probably need a surgery," but they have pain, um, what things do you offer as ways to treat it and manage it to avoid surgery?

Dr. Alan Beyer (10:19):

And that's, that's good to say because I am always, um, very critical of people who will see a patient for the first time and just say, "Boy, have I got an operation for you." There's a lot of things that you need to do. There's an whole algorithm you have to follow to take care of somebody with arthritis, which is a progressive disease. You start out with the very, very benign conservative measures, Tylenol, heat and ice. Some people respond better to heat, some people respond better to ice. You have them try both.

Dr. Alan Beyer (10:50):

Physical therapy to try to strengthen up a little bit and move a little bit better. Then we can go to the next level of conservative intervention, which can be stronger anti-inflammatories, all of which have side effects. So you have to balance that. Steroid injections, cortisone injections, you have to balance that, there's a price to pay for steroid injections that are given too frequently.

Dr. Alan Beyer (11:24):

So there's a whole stepwise conservative approach that you should take before you jump into that final, you know, final procedure, which is the knee replacement. The knee replacement is the salvage procedure. That's what you do when nothing else is working anymore.

Julie Eller (11:42):

We've done a couple of focus groups with patients who live with osteoarthritis and some of the loudest pieces of response that we hear from them are, you know, "I went to my doctor and he told me that I need surgery and every time I go, I just feel like he's pushing this agenda of surgery, surgery, surgery,

Julie Eller (12:08):

what advice might you have for a patient who has gone to see an orthopedic doctor and that has been the response that they've, they've received.

Dr. Alan Beyer (12:31):

a knee replacement or any joint replacement for that matter, works best when the person who's doing it, is really pretty expert at doing it. So your first step, you wanna find a doctor who has the appropriate training, is doing enough of these procedures that he has a, a pretty significantly high skill level.

Dr. Alan Beyer (13:02):

Number two, you wanna look at the facility where you have it done. There are certain places, facilities that have more expertise of these kinds of things than other places. Their infection rate is lower, their complication rate is lower. The patient experience is better.

Dr. Alan Beyer (54:43):

the trend in America today is that more and more joint replacement is going to migrate to the outpatient surgery centers over the next several years, especially when we're sending people home the same day 50% of the time. But the problem is the outpatient surgery centers aren't always as well equipped as the hospital in terms of a big procedure, like a joint replacement.

Dr. Alan Beyer (55:14):

Um, the sterile processing capabilities of most outpatient surgery centers aren't as robust as the hospitals. Um, they don't have all of the, the once in a, in a blue moon instruments that you sometimes need if you run into an issue.

Julie Eller (55:54):

if I'm a patient and I'm considering getting that total joint replacement at this particular juncture in time, is there a checklist of things that I should be asking myself about the facility so that I can do that safely?

Dr. Alan Beyer (56:09):

I think you should do the research. That research is publicly available. You can look at facilities and see what the number of procedures are that they do on each type of procedure, what their complication rate is, what their infection rate is. Those are all publicly reported numbers. And I think that anybody who's thinking about having an operation as big as a joint replacement should do that research.

Dr. Alan Beyer (13:32):

But the other thing that's very important is the trust level that you've built up with your surgeon. Every orthopedic surgeon is not the same. You gotta find somebody who kind of you're clicking with, that you have faith in, you have trust in. And the other thing that I think is really important is shared decision making. You need to be involved in this decision.

Dr. Alan Beyer (14:04):

You want the doctor to educate you and to tell you what the pros and cons are, and what could happen, what, what likely won't happen, but at least educate you about it. But the ultimate decision is yours.

Rebecca Gillett (14:45):

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So I think the advice that you just gave is so important for people to hear, because sometimes if you're a primary physician or somebody you know says, "Go see this doctor, they were the best," and you go, but you don't feel the same, uh, that makes a difference., I had spinal surgery on my neck uh, a couple years ago. I had three different opinions from three different doctors, very different, sounds a lot like what you were talking about and describing earlier.

Rebecca Gillett (16:33):

And I landed on the third one because he sat there for about 15, 20 minutes explaining things to me. I had a failed fusion on one of my um, interior fusions. And he said, "why would we go back and do the same thing that already failed? And why would we do this option, 'cause that seems too extreme, you still are kind of young?" And so I appreciated the fact that he explored all the options for me and then said, "You think about this and then come back to me after you've talked about it with your family."

Rebecca Gillett (17:04):

you can't go to a surgeon that you don't feel comfortable with, and you have to feel good about how it's gonna affect you going forward. So thank you for saying that and sharing that with everybody.

Dr. Alan Beyer (17:17):

Well, my life is gonna be easier if I haven't twisted the patient's arm to have something done. Or if, you know, thank goodness it doesn't happen often, but everything doesn't go perfectly well as predicted. At least you've already illuminated the patient to that. They know that and you have to portray a level of confidence and expertise that we're gonna navigate through this together.

Dr. Alan Beyer (17:43):

And if I need help from one of my colleagues who might be more expert at something here, that's who we're gonna employ as well. It's not just you're stuck with me through thick and thin, and we'll figure it out.

Rebecca Gillett (17:55):

Yeah.

Dr. Alan Beyer (17:56):

You gotta know what you don't know. That's a really important thing in life, not just in medicine.

Julie Eller (18:01):

that's something that patients really struggle with, right? It's hard to know what you don't know. It's hard to navigate when you're in pain and you're struggling to find the right person to help you out. And so your advice about finding someone that you can trust that's going to have that level of expertise, is so vitally important. And when you couple it with that shared decision making, I think it just really empowers patients to say, "I can make a decision for my health to have a surgery or not have a surgery. I can make a decision for my health to find the right doctor for me."

Julie Eller (19:04):

I wonder if you could share a little bit about what types of things patients need to know ahead of time. How they can do some of the research to prepare for the surgery itself, um, and what they should be thinking about, not only up to the surgery, but also as it pertains to recovery and those next steps?

Dr. Alan Beyer (19:30):

from the time I see the patient and we make the decision to proceed with surgery, we give them a very carefully crafted book of exactly what your experience is gonna be. Here's some exercises you can do preoperatively. Here's some do's and don'ts.

Dr. Alan Beyer (20:01):

Because a patient that goes into it knowing what to expect is gonna have a better outcome, than somebody who just gets surprised. So the preoperative education process is hugely important.

Dr. Alan Beyer (20:30):

number two, optimizing the patient before surgery. The diabetic has to be well-controlled. You don't want them coming in with their blood sugar over 200 and, and this, that and the other thing, bad dentition. You want all that stuff to be taken care of preoperatively to lower the risk infection. We culture all our patients noses two weeks before surgery, for MRSA to be sure that they're not carrying that methicillin resistant staph.

Dr. Alan Beyer (20:56):

These days, we're now culturing all our patients preoperatively for COVID, three days before. and waiting for a negative COVID test before we'll proceed with surgery. So all of these things that you do preoperatively, make for a better outcome. Preparing the house for you for when you get home, safing your house up so there's not loose throw rugs around, furniture that's in the way, uh, a grab rail in the shower or next to the toilet if you feel you need it.

Dr. Alan Beyer (21:26):

An ounce of prevention is worth a pound of, of cure.

Dr. Alan Beyer (21:55):

what's the, the hospital... What, what's the hospital experience like? How proficient is this hospital doing things? What are their results? What are their outcomes?

Dr. Alan Beyer (22:54):

When you show up for surgery, you've been optimized, everything's taken care of, you're ready to roll. Most of our patients now for total hips and total knees, some many go home the same day.

Some go home after one night, at most a patient that might be a little bit older goes home with two nights. But our typical hospital stay is zero nights to one night.

Dr. Alan Beyer (23:20):

I wanna get the patients out of the hospital. They're probably just as safe in the hospital as they are at home. They're probably safer in the hospital than they are at Trader Joe's. But we wanna get them out of the hospital, because they just feel better being home and being in an environment that they know and are comfortable in

Dr. Alan Beyer (23:46):

How do you do that? You do that by having a very, very well-choreographed pain management pathway, a multimodal pain management pathway. 'Cause the most common thing that keeps people in the hospital after a hip or knee replacement is pain.

Rebecca Gillett (24:02):

Yeah.

Dr. Alan Beyer (24:03):

And, and to stay in the hospital just for pain management is crazy in today's times. So we do a lot of things. We do local blocks in addition to the regular anesthetic that they get. we do a lot of local infiltration of the area with local anesthetic and other substances to minimize the pain. We're trying to really, really decrease our use of opioids in this current climate that we live in. Opiates are kind of a no-no.

Dr. Alan Beyer (24:35):

If we can get away with no opioids, that's great. Um, sometimes for a couple of days people need them, but we don't wanna contribute to what is already a terribly devastating problem in the United States, which is opioid uh, abuse.

Dr. Alan Beyer (25:02):

Postoperatively, we send physical therapy usually to the home for the first week or two, because it's tough to get out and get into the car to go to PT four days after a big operation. So usually for a week or 10 days or maybe two weeks, the patient's getting physical therapy at home, and then we encourage outpatient physical therapy after that.

Dr. Alan Beyer (25:34):

You need a social network at home to help you, especially that first couple of days. Um, we're trying to avoid nursing homes these days again, in the COVID environment that we live in right now. We're trying not to send any patients to nursing homes and skilled facilities if we don't have to.

Rebecca Gillett (26:18):

That's great. Do they have any PT or OT to talk about the things to change and have ready for surgery at home or uh, exercises to do prior to surgery and kind of going over some those things they should expect post-surgery?

Dr. Alan Beyer (26:45):

Yes. The preoperative booklet that we give them has those exercises in it. We'll sometimes use a prehab... What we call prehab visit or two for a patient to kind of get direction from a PT or an OT on what to do in the real world that we live in. You know, a lot of insurance plans, Medicare included allow 18 PT visits a year. And the two that you get preoperatively count. So I hate to use those up preoperatively when I really need them postoperatively.

Dr. Alan Beyer (27:16):

So we try to self-educate the patient as much as possible and not need the professional to do a formal visit preoperatively, 'cause we don't wanna burn through their benefits when we want to use them postoperatively if we need to.

Julie Eller (27:34):

You wanna really extend their ability to see that physical therapist, see that occupational therapist when they need them. That's another part of those research questions that you can be asking yourself as you think about prepping for a surgery, right? What will my insurance plan cover? How many, uh, visits with a PT or OT do I have? And when do I want to have them?

PROMO #1

Julie Eller (28:00):

I wonder if you can comment on the long-term success after a total joint replacement. What do we expect to see from patients? Is it a cure all? Is the arthritis gone? Tell me a little bit about that.

Dr. Alan Beyer (28:35):

Well, by definition the arthritis is gone, because the arthritis is loss of their articular cartilage, the narrowing of the joint. So it's kind of bone on bone, there's no cartilage there anymore. that's being removed and being replaced with a metal or plastic, or metal on ceramic articulation.

Dr. Alan Beyer (29:07):

That said, I'm not gonna sit here and say, "Wow, this is a slam dunk, a 100% everybody's back to doing everything." Most people... I'd say our current statistics on hips is probably 95 to 98% of hip replacements are, are what would be classified an excellent result. Um, knee replacements, maybe a few percentage points below that. The knee is a little bit more difficult articulation than the hip is. The hip is a simple ball and socket.

Dr. Alan Beyer (29:42):

It's a kind of real easy joint in terms of mobility, the knee is a much more complicated articulation, it, it bends and flexes... Flexes and extends, and it also rotates a certain amount. So it's a much, much more complicated joint. Plus, it's not just about the arthritis. When arthritis has been sitting there for a long time. The soft tissues get stiff and tight and bound down and scarred. So a lot of the times the postoperative issues of maybe a little bit of loss of motion or, or some residual pain, comes from soft tissue problems that were real good at, but not a 100%.

Dr. Alan Beyer (30:20):

So I'd say a knee replacement, today's times probably 90 to 95% do great. I had my hip done six years ago. I was back to work in 12 days. I was back to playing golf in about a month or five weeks. Uh, never took anything stronger than a Tylenol. I'd call that an excellent result.

Rebecca Gillett (31:04):

Yeah definitely.

Julie Eller (31:05):

Me too (laughing). An incredibly excellent result. My goodness.

Rebecca Gillett (31:16):

How important is it for people to really follow that post-rehab to see that kind of success of pain relief and that feels that the surgery was a success?

Dr. Alan Beyer (31:45):

It's extremely important because, um, any surgical thing that we do, in anything form scar tissue. The way the body heals is by forming scar. Okay? What you need to do on a joint is move that joint to prevent that scar from tightening and limiting your motion. So the physical... The therapy afterwards is extremely important in keeping that person's joint moving to its optimum capability.

Dr. Alan Beyer (32:22):

We're not just sending the therapist to their house to torture them. We're sending the therapist to their house to get the best result that we can get.

Rebecca Gillett (32:46):

Yeah. There's always that joke that the T in therapist for PT and OT is torture so (laughing) I've heard that term a lot.

Julie Eller (32:55):

They're not here to do anything, but make sure that you can live the best life that you can and can recover in the fullest that you possibly can."

Julie Eller (33:29):

Dr. Beyer, I wonder if you could comment on some of the best ways that folks who are right at the cusp of surgery, can be managing their osteoarthritis pain right now, if surgery just isn't an option based on where they live or based on the, the pandemic and how it presents in their community?

Dr. Alan Beyer (34:05):

for a period of time from March 20th till about May 1st, we were only doing urgent and emergent surgeries.

Dr. Alan Beyer (34:36):

We resumed only with patients who were, um, optimal candidates, no diabetics at first, uh, nobody over 70 or 75, nobody morbidly obese, uh, those kinds of things that were risk factors for any surgery.

Dr. Alan Beyer (35:08):

So we started out with just kind of like the, the chip shots, the easy ones, uh, to get back into the flow and get things going and prove that we could do it without negatively impacting hospital resources for a possible surging COVID.

Dr. Alan Beyer (35:41):

So we, as part of that whole regimen, insisted that patients be tested for COVID preoperatively when we resumed,

Dr. Alan Beyer (35:56):

As far as what a patient can do, whose surgery was canceled or delayed or can't be done right now, you go back to the pre-surgical stuff.

Dr. Alan Beyer (36:26):

You can get your doctor and get a cortisone shot if you really needed to just really tie you through. Um, we will not do a surgery on somebody within six to eight weeks of a cortisone shot. So realize if you get that shot, I'm not having this surgery for another six to eight weeks. Um, we can use topical, uh, pain bombs, uh, a lot of people using CBD and a lot of other things like that for topical application. Um, we trying to avoid opioids as much as we can and letting people just go with it extra strength Tylenol, the nonsteroidal anti-inflammatories and things like that.

Dr. Alan Beyer (37:02):

a certain percentage of people right now are scared of going to the hospital, because of everything... They've seen, all the stuff on TV, they think that anybody goes into the hospital is doomed. Um, they don't wanna be anywhere near any hospital, even if it's just an orthopedic hospital. And I respect that, I understand that.

Dr. Alan Beyer (37:35):

Um, a certain percentage of people will say, "Well, I just had four weeks without working. I can't take another month off now and have my knee replaced. I gotta get back to work." I, I respect that too.

Rebecca Gillett (38:14):

Yeah. It's interesting to hear you talk about what you're seeing in your clinic. the Arthritis foundation actually conducted a recent survey from patients about managing their arthritis during this COVID crisis and what that looks like. And the results show that 27% of the patients surveyed are afraid to visit

their doctor's office for fear of contracting the virus over a third. So about 36% of OA eight patients surveyed, canceled and/or skipped their healthcare provider appointment during this COVID crisis.

Rebecca Gillett (38:45):

over half of these reported that they skipped or canceled because they are scared of getting the virus. what are you telling patients who call and say, "We're afraid to come to you or we're afraid to go get a surgery?" What would you say to them, um, in this regard? If they're at the point where they really do need that surgery.

Dr. Alan Beyer (39:45):

So I'm not gonna sit here and say, "Oh, it's safer now than it was before," but it's certainly as safe as it was before. And we're testing the people for active COVID at the time that they come in three days before. Um, so I think that those fears are unfounded. Uh, like I said, we're avoiding nursing homes. We're not gonna put anybody in that environment in the current times. So I really think that it's a function of where the rest of their life is right now.

Julie Eller (40:39):

so let's talk a little bit more about pain management. With our current COVID situation. We wanna tell you to get moving and get active. And we know that when you're limited to staying home, if you're at a shelter in place, um, you kind of are limited to the kind of... The activities that you can do. are you seeing that having an effect on the patients that you talk to and what advice you might have for them?

Dr. Alan Beyer (41:14):

Absolutely yes. Not everybody has a stationary bike at home. Most of them belong to a senior center, or a gym, or something where they have access to those things. I encourage people as much as possible with arthritis to get in the pool, to get in the water, 'cause that, that's the best place there is to exercise. You're not fighting gravity, you're getting the resistive effect of the water.

Dr. Alan Beyer (41:37):

Um, but unfortunately most people don't have a private pool in their house, so they also don't have that access right now. So it is a problem.

Dr. Alan Beyer (42:09):

I mean, anything you can to keep moving. we say motion is life. that's our slogan. Um, and I think that, you know, people just gotta make the best of a bad situation.

Rebecca Gillett (42:23):

Yeah, it's really tough. I tell them, get in a tub, fill it up and just start moving your joints, you know, while you're sitting in the tub if you can. So that you can at least get some movement going if it hurts too much on land.

Rebecca Gillett (42:47):

you know, people are concerned about maintaining their treatment plans for osteoarthritis, um, and their medication regimens, uh, in this current environment. Am I at risk for infection, if I continue to take whatever medication am I... I'm on? Um, what is your advice on that?

Dr. Alan Beyer (43:19):

for osteoarthritis, the immunobiologics aren't used very much, but for certainly rheumatoid, psoriatic arthritis and other inflammatory after these, a lot of people these days are on, um, the immunobiologics I usually tell people to discontinue those two weeks or so before surgery and then wait two or three weeks if they can handle that after surgery, just to minimize that immunosuppression that accompanies all of those meds.

Dr. Alan Beyer (43:53):

So I think people have to weigh the, the benefits and risks of that very, very carefully in discussion with their rheumatologists, whoever's managing their underlying disease and the prescription of biologics.

Dr. Alan Beyer (44:27):

most of the hormonal therapies do increase the risk of someone having blood clots and, and deep vein thrombosis, which is a complicating factor after a hip or knee replacement. So those things have to be altered now too, especially if people have delayed their surgery. I mean, all those things have to be kept it front of mind in terms of when you're gonna do this and how does this affect the medications that I usually take?

Julie Eller (45:07):

Yeah, I think that's a really helpful kind of illustration of what you should be thinking about in terms of maintaining your treatments.

Julie Eller (45:37):

I wonder if you could project like where we could go in terms of treating osteoarthritis in the research that's out there and the things that we're seeing, medical advancements, that might help... Have similar progress to those immunobiologics. Do you have any, have a pulse on that at all?

Dr. Alan Beyer (46:00):

Sure. I think part of degenerative arthritis, osteoarthritis is wear and tear. Okay? And we wear and tear more than we used to wear and tear 40 years ago. We're much more active. We're more obese as a population than we were 40 or 50-years-ago. That's gonna increase the incidence of osteoarthritis. There's also a genetic component to osteoarthritis.

Dr. Alan Beyer (46:28):

I think that post-traumatic osteoarthritis is very big. If somebody fractures their knee when they're 40-years-old, let's say they have a tibial plateau fracture in an auto accident, and if that knee is not put back together absolutely perfectly in terms of the articular surface, if it's off even two or three millimeters, that person has a huge higher incidence of getting osteoarthritis in that knee later on.

Dr. Alan Beyer (48:05):

someday we'll have the STEM cell thing figured out, where we'll actually be able to grow new cartilage and, and prevent arthritis from expressing itself as badly. That day is not today. Um, and we all have our fingers crossed and hope for when that's gonna happen.

Rebecca Gillett (48:23):

Yeah. We're hopeful for something better always for all types of arthritis. Um, you've mentioned post-traumatic osteoarthritis and that's something that since you are in sports medicine, um, you know, of course better than we do there. It's not uncommon in athletes and when they're injured, even younger teenagers and in their 20s, um, what is the likelihood that they are going to develop osteoarthritis in time... By the time they're in their 30s or 40s let's say?

Dr. Alan Beyer (48:59):

I think that goes back to what I also said about the genetic predisposition. How come some people can run 10 marathons a year and they have no arthritis at all in their hips or knees. And other people as soon as they try doing some long distance running, boom, they're in the doctor's office. That's adding the environmental influence to the person who had the genetic predisposition.

Dr. Alan Beyer (49:29):

People have to see what they can handle, what they tolerate, and if running's not the right thing for them, they've gotta find something else that's gonna give them that endorphin rush. That's gonna also accomplish the cardio effects and everything else that they get from running.

Dr. Alan Beyer (49:54):

So back to the post-traumatic arthritis. Um, why do some athletes get an arthritis, uh, after pitching say for 20 years or a football player who dislocates his hip?

Rebecca Gillett (50:39):

for people like that, is Joint replacement ultimately the best option for them at some point?

Dr. Alan Beyer (50:45):

Well not when he's in his 20s, that's for sure.

Rebecca Gillett (51:03):

Yeah. When people have to get a joint replacement because of a posttraumatic OA, are they likely to have a repeat one later in life so?

Dr. Alan Beyer (51:13):

So that's changed a lot. Our current generation of components look like they're lasting 30 years or maybe longer. We don't know. We haven't been doing them that long. So I feel much more comfortable doing a 50-year-olds hip or knee now than I did 20-years-ago or 15-years-ago.

Rebecca Gillett (51:59):

I know that's always a concern for people like me with a degenerative disc diseases. You know, I've had three surgeries on my neck now and I'm only in my mid-40s. Am I gonna have to have another one before I'm 60? Um, so trying to do things to avoid that for sure. Uh, always a concern to have to come back. You don't wanna go through that again, right?

Dr. Alan Beyer (52:20):

The only thing worse than a first surgery is a second surgery.

Julie Eller (52:23):

Right (laughing). Yeah, that's right.

PROMO #2

Rebecca Gillett (52:32):

Dr. Beyer, what are your top three takeaways for people with osteoarthritis?

Dr. Alan Beyer (52:47):

I think number one is balance in your life and that's balance in your nutrition, which is gonna help control your weight, and, and other diabetes and other factors. Balancing your exercise, which is just gonna keep you generally well-fit and well-maintained, and balance in terms of your mind. You know, it's, it's crazy for a 60-year-old to think I'm gonna go out, run a four-minute-mile. So I think it's all about balance and just keeping things real, you know, just keep, keep your expectations real and the rest will follow.

Rebecca Gillett (53:20):

I love it. keep it real and keep it balanced. But those are hard things to do sometimes (laughs).

Julie Eller (53:31):

I think that's a really good piece of advice. Keep it real, keep it real in all the different areas of your life, and get that balance, accomplish that balance wherever you can. I just love that. Dr. Beyer, thank you so much for all of your advice today. This has been really, really great.

Dr. Alan Beyer (53:46):

Thank you. It's been a pleasure to be here.

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