



# SOME INSIGHTS IN TO KNEE REPLACEMENT – REAL STORY

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In this story I share my experience of a new knee I acquired in November'21. I try to express herein as I went on feeling about the problems and remedial processes. It is intended to share general experience as each case can be unique.

The new knee I have in my right leg is popularly known as Total Knee Replacement (TKR). There are diverse views on knee replacement.

Some people believe why they should replace the God given part of the body. Some others postpone as far as they can. A couple of my

friends also opposed my looking at it with open mind. On the other hand, a defence services friend, retired Col Narinder Ahuja shared: "I gained 20 years of life after I had both the knees replaced and some teeth implanted". A business friend stated he wished if he had his knees replaced much earlier. My wife Neena who had both the knees replaced, I see how far she and some of her friends live active lifestyle, akin to the pre-surgery.

Dr Sanjay Londhe had been my consultant, an ex-colleague's son, a surgeon and researcher, writer, very reputed as knee surgeon.

Having been under his care for two years, one day he said, "Better I avoid giving you more pain-killers. We now may have to think about surgery, no hurry". I and my wife had full faith in Dr Londhe. I looked at his mildly stated proposition positively. I felt it was more important to decide various related issues than exploring right or wrong about the knee replacement. While on a short visit to Delhi, my host insisted I seek opinion of his consultant, Dr. J. Maheshwari, a surgeon, Head of Orthopaedics, MAX Hospital, Saket. X-rays revealed that only one part of the knee was damaged. He suggested two strategies to choose from- TKR and PKR. Partial Knee Replacement means replacing only the affected one of the three parts of the knee. PKR

is shorter procedure and costs less.

## **Decision- making- Dilemma of choice?**

Dr. Maheshwari's proposition put me to a dilemma. I shared my dilemma with a WhatsApp group of school time friends who were overwhelmingly unanimous: To be on the safer side, go for TKR. Reasoning given is if a second part gets affected later on, then you face a second surgery. Avoiding that situation, TKR will stand by you. Dr Londhe was also of the same view. The learned surgeon, brought from his library an edited book of article and read out from an author from Harvard Medical School that "PKR was especially recommended for the young fellows". Being 80, I decided for TKR.

## **Decision-making-Choosing a Hospital**

Because of the on- going pandemic, in the city, hospitals had been crowded with Covid-19 patients. To avoid the infection risk, I decided to search Covid-free hospitals. Dr Londhe informed two such hospitals. I joined by my wife visited the two hospitals and decided for Hinduja Hospital, Khar, West in the Mumbai suburban area. Since the hospital primarily catered to surgeries from its inception, they avoid non-surgery patients.

## Decision making- immediate Surgery or Postponing

Pain in my knee was not too heavy to rush to the hospital. God knows whether postponing for a person at 80, would prove positive or punitive. But, I felt fitness most probably, would not be same if I postpone. Uncertainty about future fitness and age 80, were my principal considerations to go in for early surgery. My family members were also at same wave length.

### Surgery-A pleasant experience

Operated by Dr Londhe, under the in-spine influence of anaesthesia. I had been vaguely listening to amongst the team of not less than 20 specialist persons, doing something or the other. But I was not able to understand their conversations. At times the hammering sounds were there. It seems I was semi-conscious. I felt I was in touch with all. And all this a great fun too including the anaesthetist's

remarks before the operation "brave fellow, you are courageous". Great that I was addressed courageous. I felt like being a king. The 180 minutes surgery seemed ended too early when Dr Londhe who was the Chief Event Officer, came to me, stating that the surgery went very well Mr Verma, no worries. He informed Mrs Verma also outside.

### Successful Surgery

After a short slumber, I found myself in a new room and a doctor telling me, "You are in the recovery room. The Monitor indicates your Oxygen, BP and Diabetes. These levels are under control Mr. Verma." Great" I replied. This was encouraging because it further confirmed that post-surgery report being ok, the primary purpose for which I was in the hospital.

My wife and others were relaxed. But the doctors were not. Every now and then they enquired "Are you all-right? Are you all-right? Any vomiting?" Time and again about vomiting. I answered "Perhaps, I digested the vomit".

### Re-admitted to Hospital

After I was discharged, in a few days I ran in to another problem. I would not empty my bowels, followed by total stoppage of motion.

Then pee too stopped; and started burning terribly. It pained so much that I shout ed at my top, recalling my Nani (grand- other).

I had to be re-admitted. The chief now was Dr. Nilesh Dharurkar who was earlier surgery team's member. Dr Dharurkar controlled my complaints in the Emergency.

### Diabetes-Insulin to Oral

Dr Londhe had briefed me about possibility of my diabetes level rising because of the surgery pressures, which would require insulin treatment in place of the oral, but only temporarily. Withdrawal from insulin is time consuming. He advised my wife to learn insulin administration from the sisters there. It took about a month to return to oral

treatment.

Dr Londhe visited me whenever he was in the hospital. I asked whether my gut problem was the outcome of the surgery. He explained," The surgical pressure might have flared your 20 years old ulcerative colitis, which affects the gut system function. Dr Dharurkar further added that the stoppage of the gut affected the urine function. So my old colitis was the culprit. For the gut.

### Smaller issues more troublesome

1. Nurse/Brother at home helpful But--- Dr Dharurkar suggested at the time of my discharge that we may engage a nurse or brother for some time to attend to the patient and for coordinating with him, particularly about diabetes levels, time to time and to administer advised dose of insulin. Diabetes was likely to remain high for some time. We engaged one such brother through the Nightingale, an NGO on daily basis. The fellow administered the insulin and medicines. He had been giving many tablets

before the meals wrongly. Since he was a qualified professional, we had left it on him. One day I realised so many medicines can't be prescribed before taking the food. When I went into the details,

I found the doctor had not prescribed any medicine before the meals. He said he had been giving those medicines to the patients for long.

Luckily there was no adverse effect on me. He gave several irrelevant arguments. He tried to be in the role of a doctor. He had tried for entrance exam for medical admission. But could not qualify. Before we asked him to leave, our domestic help learnt how to handle the diabetes assessment and administer the insulin.

## 2. Being Reactive-Low Sodium the culprit

A ticklish issue that affected me was that I found myself at times more sensitive and touchy. I reacted easily and angrily on minor matters. Explained Dr Londhe that the surgery had nothing to do with temperaments. Such momentary changes in behaviour happened because of low sodium (124) I had for which Dr. Nilesh Dharurkar had prescribed me a medicine and advised increased use of salt in food and beverages. In one month my sodium improved but medicine recommended for another three months. The temperamental problem disappeared.

## 3. Stressed and stiff body

Under the effect of anaesthesia and pain killers, pain remained suppressed. Though I consumed four pain killers a day for 30 days, gradually reduced to two and then to none, yet the body remained stressed and stiff. They said that could continue for some more time as a major internal change had taken place.

## 4. Physiotherapy Process

Though at times physiotherapy process was painful, ultimately it made me stand up as a normal person. The physiotherapy doctor believed in “No gain without pain”. Physiotherapy treatment which is the “be all, and be end”, was given for 30 days. But I must say to her credit that my condition was improving fast in about 15-20 days. Physiotherapy pain is temporary pain.

## 5. Dry Skin issue

I had been having dry skin before coming to the hospital due to the effect, I believe, of some medicines. Now more of such medicines given, drying of the skin worsened, covering from legs up to my nose. My desi (domestic) applications- Virgin Coconut oil and Enmoist cream – came to my rescue.

## Doctors are the niche in my fast recovery

There are always factors more important than the other for any success. I am happy that my all the three doctors-Dr Londhe, Dr Dharurkar and Physiotherapist Dr Dipali Andhare -deserve this respectful remark.

With their care, guidance, and treatment given, I was becoming active and efficient. In their periodic reviews they expressed satisfaction about my progress. My wife and her few friends who had knee replacement before me, too expressed that I was recovering fast. Doctors gave me a feeling that I was most important to them. Dr Londhe had done a painless surgery and always gave me patient hearing. Dr Dharurkar kept examining me comprehensively daily and explained the follow-up required to the sister and the resident doctor. My case details he had on his tips, while the concerned sister and resident doctors at times couldn't remember my complaint. He even prepared a chart of food for me and suggested if the schedule was followed, I would recover faster. Having full confidence in him, I continued the suggested food schedule at home. For several years, I have been suffering from constipation. Apart from medicine for about 30 days, I depended on three fruits doctor recommended (Banana, Papaya and Pineapple). He has helped me feel relieved. Dr Dharurkar traced my old diseases and discussed their relevance. Hardly in about 40 days, I had improved my alertness, gait and body comfort. No pain at all. I had also left walker and stick long back. I had stopped depending on midnight help in about 20 days. I also started walking about 20 minutes morning- evening. I was taking bath and doing exercises by myself. I have been feeling quite efficient. I certainly attribute the faster recovery to the three doctors.

Both Dr Londhe and Dr Dharurkar communicated with each other the developments about me. I didn't have to update when I took up the issue with the other doctor. They are good listeners and were never in a hurry and responded to every issue I raised.

Another important in-put to my recovery was the well trained, skilled and dedicated physiotherapist, Dr Dipali Andhare, my neighbour in the residential complex. Apart from her being devoted and committed, she didn't give up her professional approach. When I insisted her to stop the exercise as it pained, me heavily, she remained committed to her ethics.

She allowed only half to one minute breaks for relief. Larger breaks, she said, would reduce the effectiveness of the exercises. To her credit, Dr Londhe one day told me, “Your Physiotherapist is good. She keeps me posted about you every week.”

Further, she didn't hesitate agreeing when I averred that the roots of physiotherapy were in the Yog-Aasanas (Yog exercises). Most people become defensive when their discipline is told to be dependent on another discipline. She readily agreed and on the contrary added that physiotherapy had drawn from some other disciplines also.

## Patient's cooperation

One day Dr Andhare remarked, “You are a good patient. You have cooperated with me. You practised as I wanted. Patient's cooperation with the doctor is important for his/her recovery.”

I BLESSED THE THREE DOCTORS FREQUENTLY.

**All hearsay not right**

A friend shared that knee replacement could cause breathing side effects. He shared a case in support. However, nothing like that happened with me.

**An Angel came to me in hospital-My Liberation**

She was one of the physiotherapy doctors of the hospital. While others cared only for the A, B, C exposure, angel was different. She went far beyond. She is about 23-25 age, perhaps youngest of all. She won my heart. I was having the last sip of a drink sitting on the bed, she remarked, "Can you have your tea/coffee on the chair". Oh Sure Doc. was my reply. Then have all the meals too on the chair. Sure Doc. It is a Good advice. I had wished for getting rid of the bed. When she suggested to go out for a round, I immediately felt like emptying my bowels, she asked, "Can you sit on the commode" I would try," I said and entered the well- designed neat and clean wash- room. Then she took me to the corridor for some walking with support of a walker. By her encouraging me this way, I felt I was being liberated from the springboard bed I was fed- up with. I felt this was a way towards my rehabilitation. This changed my gloomy mood and dependence on others to some extent. However, I deeply regret that next day I could not recognise her, my Angel. I apologised to her and continued to feel apologetic.

**Some good Rules of exercises I Learnt**

- A) When physiotherapy pain is very heavy, either asking your doctor for a break or request for relaxation exercises.
  - B) Irregularity in passing stool may also lead to irregularity in passing of urine. Therefore, managing constipation helps in regularising urine passing too.
  - C) Walking is good exercise for recovery. But we need to keep the affected leg straight. We must not bother about the speed of walking which will slow down.
  - D) Three fruits help constipation -pineapple, papaya and banana.
- These fruits also help the recovery.
- E) Physiotherapy exercises need to be adopted as a habit.
  - F) In the tense hospital atmosphere, particularly in I.C.U. which is wired, controlled and 24 hours air-conditioned, at times one is bored and tired. Smiling and cheering may activate your spirits and sense of humour, examples below:

1. I had indicated to Dr Dharurkar how much bored I was in the hospital. Next day when I remarked, "HI Doc wearing a smart shirt", he replied," Yes I will discharge you early."

2. Hospital was not supplying me green tea which I was used to. One day in I.C.U. I saw green tea sachet in the tray. I was excited. With the first sip, I cried out, "Oh my tea, from the heaven". A room-service boy in my room promptly stated, "I brought it Sir (meaning no- heaven)". I tipped him big and received a salute and smile which I valued.

**My Regret**

Before I close the story, I must say my regret about what this surgery has deprived me of .For not less than two years I have been trying to be 'AatmaNirbhar 'i.e. to do your things yourself. I was able to achieve to an extent iin a few areas and published a paper. The continuity is disturbed .The hospitalisation reduced me to a dependent fellow-on my wife, hospital sisters, others.

**Conclusions**

TKR or PKR is not a threatening phenomenon as made out by many people. Such people are scared of the surgery pain which is their own make-belief. When operated, knee does not give pain as the patient is under the influence of anaesthesia. Pain seems to remain suppressed. Patient may wonder that nothing happened. It does not bother the patient. Thereafter, even the pain is nominal and occasional because the patient is given/prescribed pain killers till required.

The fact is that the surgery pain is far less than pre-surgery pain. The physiotherapy pain may be easier to bear as it is most temporary (i.e. it happens only when he/she is doing a few such exercises).

Therefore, he/she would face nominal/temporary pain to gain subsequently, a normal active life.

The case study has also educational value. It is potent enough for class-room discussions for management and medical students. -

\*The writer, Mr. K.K. Verma, has been writing and publishing in the professional journals of his interest. Sometime back, he decided to stop writing, but the result-oriented TKR experience prompted him to write this article for the readers' benefit. He had three careers- Superannuated from BoB Capital Markets Ltd, a subsidiary of Bank of Baroda as its M.D. Another was Director,

Academy of HRD, a PhD level Institute; and third Research

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