NEJM Journal Watch

When Should Elective Total Hip or Knee Arthroplasty Be Delayed to Optimize Outcomes?

A new guideline addresses the validity of various reasons for delaying these procedures.

Sponsoring Organizations: American College of Rheumatology; American Association of Hip and Knee Surgeons

Background

At some point in the progression of knee or hip osteoarthritis (OA), patients and their physicians might turn to total joint arthroplasty (TJA) as the preferred next step. However, patients sometimes encounter obstacles to proceeding with TJA. Two common ones are third-party mandates (e.g., insurance company requirements for patients to undergo additional nonoperative interventions, such as physical therapy, before approving TJA) and institutional or surgeon-specific clinical mandates (e.g., requiring body-mass index [BMI] or glycosylated hemoglobin [HbA_{1c}] level to be below a certain threshold). This new guideline — produced by rheumatologists and orthopedic surgeons, with input from patients — addresses the timing of TJA with respect to those potential obstacles.

The guideline focuses strictly on patients who fulfill four criteria:

- Radiographic moderate-to-severe hip or knee OA
- Moderate-to-severe pain, loss of function, or both
- No improvement with at least one noninvasive intervention, such as physical therapy or joint injections
- Desire to proceed to TJA after participating in shared decision making with the surgeon

Key Recommendations

For patients who meet the four criteria listed above, the authors make these recommendations:

- They conditionally recommend that TJA should not be delayed for trials of physical therapy, anti-inflammatory drug use, bracing, intra-articular steroid injections, or hyaluronic acid injections.
- For patients with obesity, they conditionally recommend proceeding to TJA without delay, regardless of BMI.
- For patients with poorly controlled diabetes, the authors conditionally recommend delaying TJA to improve glycemic control, but they refrain from defining poor control or proposing specific preoperative HbA_{1c} requirements.
- For smokers, they conditionally recommend delaying TJA for a trial of smoking reduction or cessation.

All these recommendations are "conditional" (rather than "strong") because the quality of published evidence was low or very low; however, consensus among the guideline writers was high for each statement.

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COMMENT

I found this guideline to be fascinating and helpful. I've cared for patients with severe, disabling OA whose surgery was delayed by insurance requirements to undergo physical therapy (when everyone knows it won't be helpful) or by surgeons who refused to offer TJA unless specific BMI or HbA_{1c} targets are met. The authors don't oppose so-called "prehabilitation" (preoperative physical therapy to prepare for surgery and recuperation) or encouraging weight loss prior to surgery. Rather, they emphasize that shared decision making should involve in-depth discussion of factors that might affect the probability of a successful outcome and that decisions to delay surgery should be dictated largely by patient preferences. ***— Allan S. Brett, MD***

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Hannon CP et al. 2023 American College of Rheumatology and American Association of Hip and Knee Surgeons clinical practice guideline for the optimal timing of elective hip or knee arthroplasty for patients with symptomatic moderate-to-severe osteoarthritis or advanced symptomatic osteonecrosis with secondary arthritis for whom nonoperative therapy is ineffective. **Arthritis Care Res (Hoboken)** *2023 Nov; 75:2227. (https://doi.org/10.1002/acr.25175)*