

Orthopaedic Care for Patients with Rheumatoid Arthritis: Surgical vs. Conservative Approaches

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Opinion Article

Received: 23-Aug-2024, Manuscript No. Orthopedics-24-149740; **Editor assigned:** 26-Aug-2024, PreQC No. Orthopedics-24-149740 (PQ); **Reviewed:** 10-Sep-2024, QC No. Orthopedics-24-149740; **Revised:** 17-Sep-2024, Manuscript No. Orthopedics-24-149740 (R); **Published:** 25-Sep-2024, DOI: 10.4172/Orthopedics.7.3.005.

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Citation: Chen D. Orthopaedic Care for Patients with Rheumatoid Arthritis: Surgical vs. Conservative Approaches. RRJ Orthopedics. 2024;7:005.

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DESCRIPTION

Rheumatoid Arthritis (RA) is a chronic inflammatory disorder that affects joints, leading to pain, swelling and progressive joint damage. Orthopaedic care plays a pivotal role in managing RA, particularly in mitigating the long-term effects of joint deterioration. The two primary approaches in orthopaedic care for RA patients are conservative management and surgical interventions.

Conservative approaches

Conservative management is often the first line of defense in treating RA-related joint issues. It typically involves pharmacological treatments, physical therapy and lifestyle modifications. Medications such as Disease-Modifying Antirheumatic Drugs (DMARDs) and biologics have revolutionized RA management, reducing inflammation and slowing the progression of joint damage. These drugs when combined with physical therapy can maintain joint mobility and function for extended periods.

Physical therapy focuses on maintaining muscle strength and joint flexibility, which are critical for preventing disability. Techniques such as range-of-motion exercises and low-impact aerobic activities help preserve joint health while minimizing stress on affected areas. Assistive devices such as braces or orthotics may also be used to support weak joints and improve function.

Despite the success of conservative approaches, they are not always sufficient, especially in advanced RA cases. Patients with severe joint deformities or those who do not respond adequately to medications may require surgical interventions.

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Surgical interventions

Surgery becomes a consideration when conservative treatments fail to alleviate pain or restore joint function. The most common orthopaedic surgeries for RA patients include joint replacement (arthroplasty), synovectomy (removal of inflamed joint lining) and tendon reconstruction.

Joint replacement surgeries such as total knee or hip arthroplasty are highly effective in relieving pain and restoring mobility in patients with advanced joint damage. These procedures can significantly improve the quality of life for patients whose joints have been severely affected by RA. However, surgery is not without risks, particularly in patients with RA, who may have weakened immune systems and compromised healing abilities due to long-term medication use.

Synovectomy is another option for patients with persistent joint inflammation that does not respond to medication. This procedure removes the inflamed synovial tissue, reducing pain and slowing further joint damage. Tendon reconstruction is often necessary in RA patients with significant tendon damage, particularly in the hands, where RA can lead to tendon rupture and severe functional limitations.

Balancing surgical and conservative approaches

The decision between surgical and conservative management in RA patients is complex and should be personalized. Factors such as disease severity, joint involvement, patient age and overall health play a significant role in determining the best course of action. Early and aggressive use of DMARDs and biologics can delay or prevent the need for surgery, but once significant joint damage has occurred, surgery may be the only viable option to restore function and alleviate pain.

In many cases, a combination of both approaches is employed. For example, patients may begin with conservative management to control inflammation and preserve joint function, but if joint damage progresses surgery may be considered. Following surgery, physical therapy and continued pharmacological treatment are often necessary to ensure the best possible outcome. Orthopaedic care for RA patients requires a comprehensive, individualized approach that balances conservative treatments with surgical interventions when necessary. While conservative management can effectively control the early stages of RA and prevent joint damage, surgery remains an important option for patients with advanced disease.