



Evaluation of Painful Joint After Replacement

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HISTORY

The initial evaluation of a painful joint after replacement includes detailed gathering of information including timing of previous operation(s), recovery process, duration of pain/symptoms, mobility issues, wound concerns, and attempted treatments.

It is often very helpful to provide previous operative records if possible. This includes:

- Operative Report
 1. The “Operative Report” from prior surgeries is dictated by the surgeon which details what was done during the operation and importantly what implants or “parts” were put in or taken out during the surgery.
 2. The “Part Stickers” from the implants or hardware that were put in during surgery. These are labels from the box of the implant that are placed in the patient’s chart or operative record during the operation. These are necessary if the operative report does not specify the type of implants used.
- For revision surgery, your doctor needs this information to order replacement parts which will match up with the implant that you currently have in place. For conversion surgery (converting previous surgery, such as fixation of a hip fracture to a total joint replacement), this information allows us to have the necessary tools available to remove the hardware in place.
- Due to health care privacy laws, your written permission is necessary in order for you to obtain this information for us. The best places to obtain this information are either from:
 1. The hospital (Medical Records Department) where the surgery was performed (they should have both the operative report and the part stickers) or
 2. The office of the surgeon who performed the surgery (they will usually just have the operative report).

PHYSICAL EXAM

Careful physical examination is a valuable tool to evaluate gait, joint range of motion/stability, and wound condition (redness, swelling, drainage, previous scars, etc.)

IMAGING

Plain radiographs (x-rays) are typically the most valuable for initial evaluation after a joint replacement. However, there are instances when further evaluation with additional imaging may be necessary. In these instances, advanced imaging such as CT scan, MRI, or bone scan may be ordered to further evaluate a prosthetic joint.

INFLAMMATORY MARKERS

Erythrocyte Sedimentation Rate (ESR) and C-reactive protein (CRP) and inflammatory markers in your blood that can be elevated for a number of reasons, including an underlying infection. These markers are not specific and elevation of these inflammatory markers alone are not diagnostic of an infection. Inflammatory markers can be obtained by a simple blood draw. If these markers are elevated, a joint aspiration is often needed to rule out an infected prosthetic joint.

JOINT ASPIRATION

A joint aspiration is a procedure that involves the placement of a needle into a prosthetic joint to obtain a fluid sample from the joint to be sent for lab analysis and cultures. This can often aid in the diagnosis of a prosthetic joint infection, but also can provide other valuable information in certain circumstances. A joint aspiration can occasionally be performed in the office but often requires image-guidance in a hospital setting.