

## Osteoarthritis of the Knee

This is a common condition of the knee in the adult population. It is “wear and tear” of cartilage which forms the protective cushion of the knee. Many factors may influence the development of osteoarthritis including age, gender, family history, increased body weight, trauma or repetitive stress on the joint.



Many people have mild grades of arthritis for many years before their symptoms progress and worsen. Once arthritis is established it is an irreversible disease. Symptoms include pain, stiffness of the knee, gradually progressive deformity (more commonly bowed legs and occasionally knock knees), worsening mobility and increased functional disability. The severity of symptoms varies from one individual to another.

Some non-surgical measures used for the treatment of arthritis include rest and activity modification, weight loss, use of walking aids.

Medications such as simple analgesics and anti-inflammatories including paracetamol (Panadol, Panamax, PanadolOsteo), NSAID's (Ibuprofen, Naproxen, Voltaren, Celebrex, Mobic) are used early. Other analgesics with different types and formulations of opioid analgesics can be added later on to gain symptom control. Other measures include injection of corticosteroids into the knee to settle episodes of worsening pain.



Many experimental and alternative therapies such as chondroitin, glucosamine and intra-articular injections of lubricants into the knee are available with varying degrees of success.

Surgery including osteotomy or joint replacement in many varying forms is reserved for the treatment of disabling joint pain from arthritis unresponsive to other non-operative measures.

If you have symptoms of knee arthritis please discuss your symptoms with your local medical practitioner and if appropriate a referral can be obtained for review by Dr Khatib in one of our clinic locations.