

Surgical Treatment of Rheumatoid Arthritis

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What makes you so special

- very nice patients
- chronic disease
- realistic expectations
- long relationship

Philosophy Is surgery nonoperative failure?

- balance between living with the pain, loss of function and improved function/lifestyle
- longevity of the surgeryfusion vs mechanical device
- "Don't get old"
- · perception of baby boomers

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What makes you so special part 2 • Medication
• steroids
• nsaids
• Vasculitis
Osteopenia
Higher infection rates

Common denominator of arthritis

- loss of cartilage
- pain
- *loss of function

Types of Joint Surgery

- fusion
- resection arthroplasty
- replacement arthroplasty



Tendon Surgery • tenosynovectomty • tendon transfer

Where do you start?

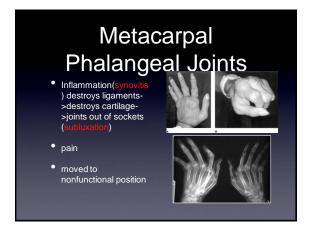
- polyarticular
- worse joints first
- upper extremity before lower extremity
- Hip before knee
- hand/wrist before shoulder

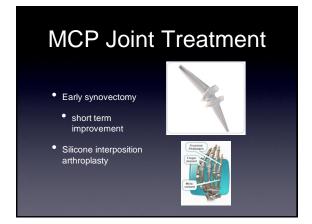
The Hand/Wrist















Swan-neck deformity • hyperextension at PIP flexion at DIP • inflammation destroys ligaments • splints • fusion

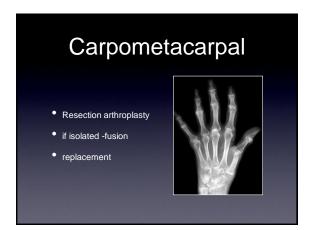
Thumb • Flexor /Extensor tendon ruptures • Boutonniere/ swan neck deformities • MCP/CMC arthritis

Thumb tendon repairs • dorsal synovitis->EPL rupture: primary repair or Extensor Indicis transfer • FPL- loss of flexion-graft or transfer FDL



Interphalangeal Joint output if MCP and CMC joint spared -->Fusion increased pinch ability

Metacarpalphalangeal joint • silicone implants and tendon rerouting • *Arthrodesis if IP and CMC spared



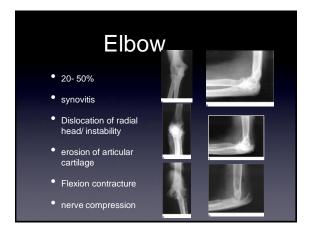


Wrist • 66% wrist involvement • Caput ulnae syndrome • Radial side erosion and collapse • Tendon ruptures

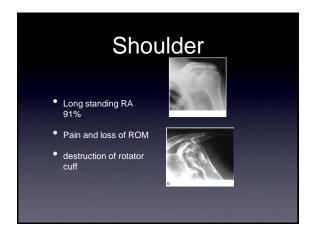
Wrist treatment Synovectomy >6 months symptoms Tendon transfer Carpal tunnel release

• Motion sparing - Dislocation of ulna → excise distal ulna (Darrach) - Sauve-Kapandii-Fusion of DRUJ and excision distal ulna - Partial wrist fusion-disease include carpal bones • Fusions • Wrist replacement - Wrist fusion-?function











Shoulder RA Treatment

- Intra-articular steroid/ PT
- 3 months before LE Surgery
- Hand and wrist first
- Hemiarthroplasty vs Total Shoulder Arthroplasty



Cervical spine

- occurs early(3rd most common)
- Asymptomatic (20-60%)
- Clunking sensation during flexion
- sleep apnea
- Myelopathy-extremity weakness/ loss of fine coordination

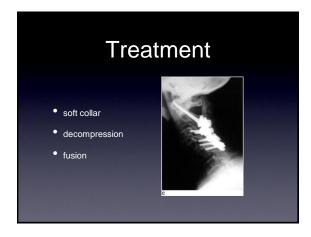


Atlantoaxial subluxation

- 49%
- C1 C2
- decrease space available for spinal cord







Rheumatoid Arthritis of the Hip

- 15-28% RA, 10-38% JRA
- greater risk of hip fracture
- pain -> groin
- *bilateral



Hip RA Treatment • hip before knee • Protrusio • Total Hip Replacement



The Foot & Ankle	

Forefoot * synovitis->destroy ligaments * dorsal dislocation of MTP joints * large plantar callus * Bunion -hallux valgus

Forefoot treatment • synovectomy • Hallux - Arthrodesis • Lesser toes-resection arthroplasty



Rheumatoid arthritis of the Hind foot Isolated Talo-navicular joint arthritis Flatfoot-pes planovalgus posterior tibial tenosynovitis







How t	o choose	your
	doctor	

- Does volume make a difference
- How much?
- Fellowship trained surgeons
- Need to have appreciation of RA
- Why: Manage unexpected

Thank you