



**Think twice...
...about elective surgery**

Welcome to PhysioBiz, with healthcare advice and information you can trust and rely on, brought to you by the South African Society of Physiotherapy!

During the long, long State of Disaster, with hospitals battling to cope, elective surgeries – surgery for non-emergencies, such as knee replacements or ops for ‘frozen shoulder’ – were wisely put on hold. Why risk contact with infected people and overload hospital resources?

Now, as we breathe a sigh of relief after listening to our President, we might think again. Is it time to have that orthopaedic surgery after all?

Perhaps not. This year’s experiences have shone a spotlight on a medical epiphany that has been bubbling under in research papers for years: surgery may not always be the necessary. In many cases, another approach may well be possible and effective. “...only 14% of the studies showed surgery was clearly better than not doing the surgery. In most studies it was a toss-up, or the patients who had surgery fared worse.” (Professor of Orthopaedic Surgery Ian Harris, *The Conversation*, 8 April 2020)

The alternative? ‘Conservative treatment’ is the term – and that usually means physiotherapy, exercise and a carefully crafted mix of medication and other non-drug interventions.

Meg* learnt that surgery could be avoided by taking the long way round: she’d already had one knee replacement and was planning on another. “I was very gung-ho about it,” she says. “I was in a lot of pain in both knees, and I knew a couple of people who’d had replacements without problems. It seemed it would be a relatively easy surgery to recover from. So I couldn’t wait to have the first knee done.”

But it wasn’t easy. Meg was unfortunate: she developed sepsis which cleared up with medication, and then battled for months with even worse pain than she’d had before the op. She was, obviously, reluctant to do the second knee.

Exercise, she knew from her physiotherapist, was very important. So she committed to a carefully planned and tailored regimen. “I was religious about it!” she laughs. “I would feel terrible if I missed one session, and insist on making it up later.” All Meg was aiming

for was to be stronger and fitter when she went for surgery; but after six months, she realised that the pain in her knees had reduced so much that she really didn't need surgery at all.

"Who knew?" she asks.

Researchers knew, that's who. "The evidence has been growing for a number of years," says Rogier van Bever Donker, President of the SASP. "For example – and this is just one piece of research out of many – research published in the BMJ [British Medical Journal] in 2016 indicated that surgical treatment did not show a benefit over conservative treatment when patients were followed up over time."

If you can do the work, as Meg did, and wait for the results to manifest, physiotherapy and other conservative treatments can significantly delay or eliminate your need for surgery, as an article on osteoarthritic pain in Medical Express (August 2020) pointed out: "...a structured OA programme including patient education and exercise may delay or even reduce the need for surgery after 12 months."

Surgery is not to be sneered at – it is, in some cases, the best option – but it's not something that should be embarked on lightly, even in non-COVID-19 years. If you'd like to explore other options, consult your physiotherapist about non-surgical interventions – go to www.saphysio.co.za to find one.

* name changed to protect confidentiality