Guest editorial: Osteoarthritis of the hip and knee, Part 2: Surgical interventions

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In the first part of this two-part theme issue, we discussed the etiology, diagnosis, and nonoperative treatment of osteoarthritis (OA). While the majority of patients, particularly those with small joint OA, respond to nonoperative treatment, surgical treatment is required in an increasing proportion of patients with large joint OA. With the ongoing improvements in outcomes and with the advent of very predictable and durable surgical technique, younger patients with OA are requesting the pain relief and the improved quality of life afforded by these operations.

Hips and knees continue to be the joints most commonly affected and requiring surgical intervention. Historically, hip and knee joint replacement were reserved for older patients, and it was not uncommon to hear patients complaining that they were denied surgery because they were "too young." In the past, with the limited durability of joint replacement, that was a reasonable strategy to protect patients from failed joint replacement down the road. Today, however, techniques for first-time joint replacement have improved so significantly that we can offer joint replacements with predictable longevity, with fewer complications, and with less severe failures. Moreover, revision surgical techniques have also improved to the point where even when joint replacements fail, they can be predictably reconstructed in the majority of patients.

In the articles that follow, we begin with an overview by Dr McCormack, who describes the role of arthroscopy in early OA of the knee. Because knee OA often presents with isolated disease in one of the three compartments of the knee, we continue with Dr Schweigel's discussion of partial knee replacement. Dr Williams, Dr Garbuz, and I then consider total knee replacement. We finish with Dr Burnett's article about hip replacement and resurfacing.

With the increasing success of hip and knee replacement, demand will continue to increase. It is my hope that the articles in this two-part theme issue will put the topic of hip and knee osteoarthritis in perspective. I am extremely grateful for the contributions of the various authors who have done an excellent job of summarizing this vast topic in a clear and concise manner.

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