COMPLEX PROBLEMS · NO. 1

# Why joint replacements fail — and what can be done.

For anyone living with a replacement that hurts, feels loose, or never felt right.

THE ONE-MINUTE VERSION

## If you only read one page, read this.

- Pain after replacement is a finding, not a verdict — and revision without a diagnosis has poor odds.
- The usual suspects: infection, loosening, instability, stiffness, wear, fracture — or a source outside the joint.
- The workup is systematic: story, examination, imaging, labs. Ruling infection in or out is non-negotiable.
- Revisions are bigger operations, individualized to the problem; Dr. Seem performs them at Winchester Medical Center.
- Sometimes the right answer is no operation at all.

DR. SEEM'S PERSPECTIVE

Half of my revision evaluations end without a revision. The most important operation in these cases is the workup — get the diagnosis right, and the surgical decision usually makes itself.

## First: pain after replacement is a finding, not a verdict

Most hip and knee replacements work well for decades. When one hurts, the essential step — before anyone proposes another operation — is a diagnosis. Revision surgery done without knowing *why* the first operation failed has poor odds of fixing anything. Dr. Seem's rule for these evaluations is simple: find the cause first, then talk about solutions.

## The main reasons replacements fail

| CAUSE | WHAT'S HAPPENING | TYPICAL CLUES |
|---|---|---|
| Infection | Bacteria on the implant surface, sometimes low-grade for months or years | Persistent pain since surgery, swelling, warmth, drainage, pain at rest |
| Loosening | The bond between implant and bone fails over time | Start-up pain, deep ache with weight-bearing, pain that improves with rest |
| Instability | The joint doesn't stay balanced through motion | Giving way, dislocations, a knee that “doesn't trust itself” on stairs |
| Stiffness | Scar tissue or a balance problem limits motion | Range that plateaued early and never recovered |
| Wear | The plastic bearing wears over many years | Often silent until late; found on routine X-rays |
| Fracture | Bone breaks around the implant, usually after a fall | Sudden pain and inability to bear weight |
| Problems outside the joint | The hip or knee is innocent — the spine, tendons, nerves, or another joint is the real source | Pain patterns that don't match the implant; normal workup of the joint itself |

## How the cause is found

01 **The story.** When the pain started — from day one versus years later — narrows the list dramatically.

02 **Examination.** Where it hurts, what reproduces it, how the joint moves and stabilizes.

03 **Imaging.** X-rays over time show loosening and wear; further imaging when the plain films don't explain the story.

04 **Laboratory testing.** Blood work screens for infection; when suspicion is real, fluid from the joint is tested. Ruling infection in or out is non-negotiable — it changes everything about the plan.

## What revision surgery involves

Revision means removing some or all of the original implant and reconstructing the joint — dealing with bone loss, scar, and the reason for failure along the way. It is a bigger operation than a first replacement, it is individualized to the specific problem, and it is exactly the kind of surgery where fellowship training in adult reconstruction earns its keep. Dr. Seem performs revision hip and knee surgery at Winchester Medical Center.

## Sometimes the answer is not surgery

A stable, well-fixed, uninfected replacement with manageable symptoms is often best served by time, strengthening, or addressing a problem elsewhere. “No operation” is a real recommendation and Dr. Seem makes it often — a revision should solve a defined problem, not chase an undefined one.

> **IF YOUR REPLACEMENT HURTS**
>
> You don't have to live with it, and you don't owe anyone loyalty for the first operation. An evaluation answers three questions: What's wrong? Is it fixable? Is fixing it worth it — for you? Bring your operative report if you can get it; the implant record makes every step faster.

**RELATED GUIDES IN THIS LIBRARY**

- Questions to ask any surgeon
- What your X-ray says — and what it can't

## What happens next

If you decide to be seen, the consultation starts with listening — your story, your goals, and what the joint is taking from you. Then an examination, and a review of your imaging together on the screen, so you can see what we see. You'll leave with an honest recommendation and every reasonable option explained — including the option of waiting. Nothing is decided without you.

**To schedule:** call (540) 667-8975 — Winchester Orthopaedic Associates, 128 Medical Circle, Winchester, VA 22601.

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