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Persisting pain and poor function after knee or hip joint arthroplasty: What can we learn about this epidemic?

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Knee and hip joint arthroplasty are among the most successful surgical procedures performed for the relief of refractory knee or hip joint pain due to end-stage arthritis and other causes. Close to 1 million procedures are done in the US and the utilization rates are projected to increase 8-fold for knee and 2-fold for hip joint replacement by 2025, compared to 2005. A small, but significant proportion of patients, do not achieve acceptable improvement in pain and function after joint replacement surgery. What leads to this state is not clear, however, with the increasing volume of these procedures being performed, this group of patients is growing quickly. No acceptable treatment is available to these patients in the absence of a mechanical failure of the implant. We have been studying the characteristics of patients who have persisting pain and poor function after joint replacement and have found that certain patient characteristics (gender, age), comorbidity, body mass index, as well as economic factors are associated with these outcomes. Some of our recent findings indicate that some factors are potentially modifiable. In this symposium, I will summarize the work that we and others have done in the area, highlighting key studies and findings that provide insight in this problem.

Biography

Jasvinder A Singh, PhD is Professor of Medicine in the Division of Clinical Immunology and Rheumatology at UAB School of Medicine in Birmingham, Alabama, USA. He leads a strong research program studying patient outcomes in rheumatic conditions. His team has made new observations about the comparative risks of biologics by performing systematic reviews and network meta-analyses, and helped to understand the predictors and correlates of pain and function outcomes in patients with gout and this undergoing joint replacement. His research program has had continuous federal support by federal funding since 2004. His goal is to use epidemiological tools to enhance the understanding of patient reported outcomes in rheumatic diseases that can lead to improved outcomes in arthritis and related conditions.

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