

Knee osteoarthritis: treatment options

Use this **Option Grid™** decision aid to help you and your health care professional decide how to best to manage your knee pain and activity level. The first steps are to become as fit as possible, work to approach your ideal weight, and consider having physical therapy. Surgery is normally recommended only after non-operative treatments have been tried.

Frequently Asked Questions ↓	Pain relievers	Joint injections (steroids)	Knee replacement surgery
Will this reduce the pain I have in my knee?	It depends on which pain relievers are taken and for how long. Medications like ibuprofen are effective for 50 in every 100 people (50%). Other over the counter medications, like Tylenol (acetaminophen), including those that have codeine, are also effective.	It depends on the medicine injected. Some people get good symptomatic relief after an injection, which may include pain relief and/or reduced swelling.	About 90 in every 100 people (90%) who have this operation say it leads to relief of most or all of their pain, over time. 10 in every 100 people (10%) say it does not lead to significant pain relief.
Will this treatment help improve my ability to be active?	It may. As you get pain relief, you should be able to be more active and this in turn can also help to reduce pain. It may help to take pain relievers before being physically active.	Yes, usually for up to a month or so after each injection. Plan to be more active as a result of the pain relief. Advice from a physical therapist may help.	Yes, the majority of patients experience improvement in their activity level. However, not everyone sees differences in their ability to walk or climb stairs.
Are there any risks to this treatment?	As with all medications, pain relievers have some side effects. For example, codeine may lead to constipation and prolonged use of tablets like ibuprofen (and other NSAIDs) increases your risk of stomach bleeding.	There is a small risk of frequent injections causing cartilage damage, especially in weight-bearing joints. Allergic reactions and infections due to joint injections are uncommon. You might feel slight pain at the injection site for a few days.	Wound infection needing treatment occurs in 5 in every 100 people (5%). Joint infection occurs in fewer than 1 in every 100 people (1%). Blood clots in the leg occur in 2 in every 100 people (2%). The risks of surgery increase if you have other conditions, such as heart or lung disease, are a smoker, or are overweight.
How long will it take me to feel better after the treatment?	You may start experiencing pain relief within a few days of when you start taking the medication.	Most people who experience relief feel better within the first week or so after the injection.	Pain relief is gradual. You will stay in the hospital for around three to five days. Most people walk unaided after 3 months. Full recovery usually takes between 6 and 12 months.
Will I need to have more treatment or surgery?	If things don't get better, talk to your clinician about other treatment options.	Pain relief lasts for up to a month or so. You can have up to 3 or 4 injections per year.	Most knee replacements can last 15 years, many last longer.
What are the outcomes for people with arthritis who have this treatment?	Many people cope well by using medication, being active, and losing weight. Reducing your pain may help you achieve the benefits of exercise.	Some people have good relief by having injections when swelling and pain cause problems.	Surgery is usually considered after other options have been tried. About 80 to 85 in every 100 people (80%-85%) are satisfied after having a knee replacement. About 15 to 20 in every 100 (15%-20%) are not satisfied.

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