

Understanding Osteoarthritis & Total Joint Replacement

A Guide for Living Pain-Free

Dr. Thomas Vikoren, MD

Orthopedic Surgeon · Joint Replacement Specialist

Bucks County Orthopedic Specialists
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About Dr. Thomas Vikoren, MD

Orthopedic Surgeon · Bucks County Orthopedic Specialists



- Born & raised in Doylestown, PA
- Undergraduate: Dartmouth College (cum laude)
- Medical School: University of Pittsburgh (Alpha Omega Alpha Honor Society)
- Residency: Duke University Medical Center (Chief Resident)
- Fellowship: Harvard Medical School / Massachusetts General Hospital – Adult Joint Reconstruction
- Board Certified: American Board of Orthopedic Surgery
- Member: American Association of Hip and Knee Surgeons
- Practicing at BCOS for nearly 20 years

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My goal is to help people suffering from arthritis live better-quality lives, without pain.

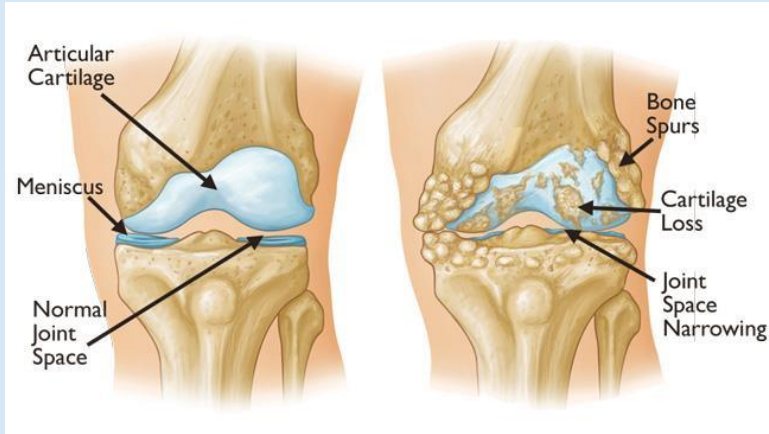
— Dr. Thomas Vikoren, MD

What Is Osteoarthritis?

Understanding the condition affecting millions of Americans

Osteoarthritis: The Basics

The most common form of arthritis



- Progressive loss of articular cartilage in a joint
- Cartilage is the smooth cushioning that covers the ends of bones
- Without cartilage, bone rubs on bone causing pain, stiffness, and swelling
- Primary causes: aging, wear and tear, prior injury, genetics, and obesity
- Most commonly affects hips, knees, hands, and spine

How Common Is Osteoarthritis?

OA affects people across the country — and in your community

32.5M

Americans live with
osteoarthritis

#1

Most common form
of arthritis

1 in 4

Adults over 65 have
significant OA

50%

of people over 65
have knee OA

2×

more common in
women than men

Leading

cause of disability
in older adults

Symptoms of Osteoarthritis

When to seek evaluation

Joint Pain

Aching discomfort during or after movement; may hurt even at rest in later stages

Stiffness

Especially noticeable in the morning or after sitting — usually improves with gentle movement

Swelling

Inflammation causes visible swelling and warmth around the affected joint

Loss of Range

Decreasing ability to fully bend, straighten, or rotate the joint

Grinding or Clicking

A sensation or sound of bone rubbing on bone (crepitus)

Functional Decline

Difficulty with everyday tasks: walking, climbing stairs, getting in/out of chair

Non-Surgical Treatments

Based on AAOS Clinical Practice Guidelines — Always the first step

Non-Surgical Treatment Options

American Academy of Orthopedic Surgery (AAOS) Guidelines

Physical Therapy

Strengthening muscles that support the joint reduces stress on cartilage and improves function

Weight Management

Even modest weight loss dramatically reduces load on hip and knee joints (1 lb lost = 4 lbs less knee force)

NSAIDs

Ibuprofen, naproxen — reduce inflammation and pain; taken with food, monitored for GI and kidney effects

Acetaminophen (Tylenol)

Effective analgesic with fewer GI side effects; good option for daily pain management

Joint Injections

Corticosteroid or hyaluronic acid injections can reduce inflammation and improve comfort

Activity Modification

Low-impact exercise (swimming, cycling, walking) maintains joint mobility without excessive wear

Physical Therapy for Osteoarthritis

AAOS Strongly Recommends — First-line treatment



- Quadriceps & hip muscle strengthening
- Range-of-motion and stretching exercises
- Gait training and balance exercises
- Aquatic therapy — reduced joint stress
- Heat/cold therapy and modalities (ultrasound, TENS)
- Home exercise programs for long-term maintenance

Injection Therapies

When to consider and what to expect

Corticosteroid Injections

- Reduce joint inflammation quickly
- Effective for moderate-to-severe flare-ups
- Relief may last weeks to months
- Typically limited to 3-4 injections per year
- Safe and well-tolerated

Hyaluronic Acid (Viscosupplementation)

- Replaces the natural joint fluid (synovial fluid)
- Lubrication reduces friction and pain
- Series of 1-5 injections
- Best evidence for mild to moderate OA
- Effects can last 6 months or longer

When Is Surgery the Answer?

Total Hip & Knee Replacement — Restoring quality of life

When Surgery Is Recommended

Making the decision together

Surgery is considered when:

- Non-surgical treatments have been tried and are no longer providing adequate relief
- Daily pain significantly limits your quality of life
- You have difficulty walking, climbing stairs, or getting out of a chair
- Pain interferes with sleep
- X-rays confirm severe cartilage loss (bone-on-bone arthritis)
- You are medically fit for surgery

✓ Good Outcomes Require:

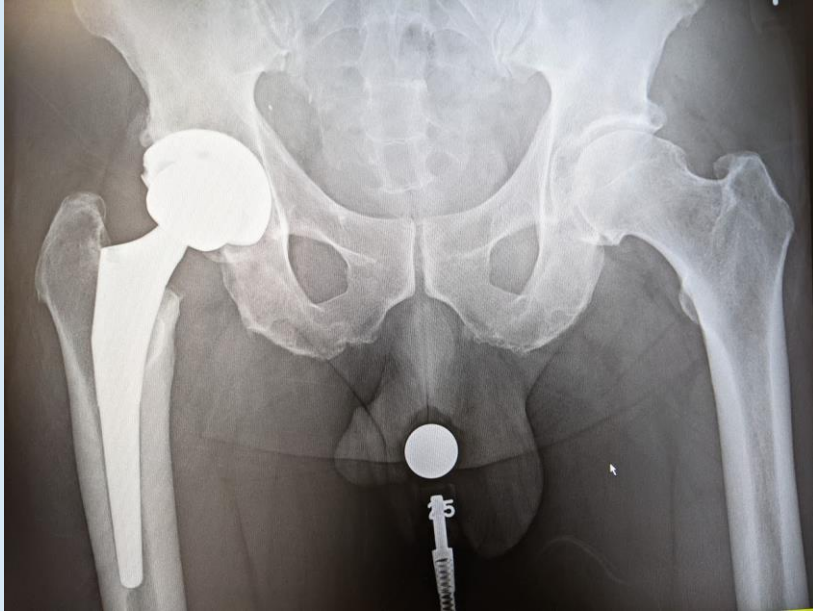
- Realistic expectations about recovery
- Strong support system at home
- Commitment to rehabilitation
- Medical optimization before surgery (BP, blood sugar, weight)
- A trusted surgeon-patient partnership

Total Hip Replacement

Restoring pain-free movement to your hip

Total Hip Replacement

What happens during surgery



- The diseased femoral head (ball) is removed
- A metal stem is placed into the femur (thigh bone)
- A metal or ceramic ball is attached to the stem
- The acetabulum (socket) is resurfaced with a metal cup lined with plastic or ceramic
- Modern implants are designed to last 20+ years
- Procedure typically takes 30-45 minutes

Total Knee Replacement

The most commonly performed joint replacement in the US

Total Knee Replacement

What happens during surgery



- Damaged cartilage and bone are removed from the femur (thigh) and tibia (shin)
- A metal femoral component caps the end of the thigh bone
- A metal tibial tray is anchored to the shin bone
- A durable plastic spacer is placed between the metal components
- The kneecap may also be resurfaced
- Surgery typically takes about 60–90 minutes

The Modern Recovery

How far we've come — and how fast you get back to life

How Surgery Has Transformed

From weeks in the hospital to home the same day

1980s · The Old Way

- General anesthesia
- 3-7 day hospital stay
- Months of recovery
- Significant blood loss
- Higher complication rates

Today · Dr. Vikoren's Approach

- Spinal anesthetic — you're sedated and feel nothing
- Same-day surgery, home same day (8 in 10 patients)
- Recovery in weeks, not months
- Minimized blood loss with modern techniques
- Excellent safety profile

Spinal Anesthesia — No General Anesthesia

Safer, faster recovery, less nausea

Nerve block for anesthesia

You are comfortable and relaxed — the spinal blocks all sensation below the waist. You feel nothing during surgery.

Reduced Nausea

General anesthesia commonly causes nausea and vomiting — spinal anesthesia greatly reduces this.

Better Pain Control

The spinal provides excellent pain relief for several hours after surgery, smoothing your early recovery.

Faster Recovery

No grogginess from general anesthesia means you are alert sooner and ready to go home that same evening.

Lower Blood Clot Risk

Studies show spinal anesthesia reduces the risk of deep vein thrombosis (DVT) compared to general anesthesia.

Excellent Safety Profile

Widely used in joint replacement — considered the gold standard by leading orthopedic centers.

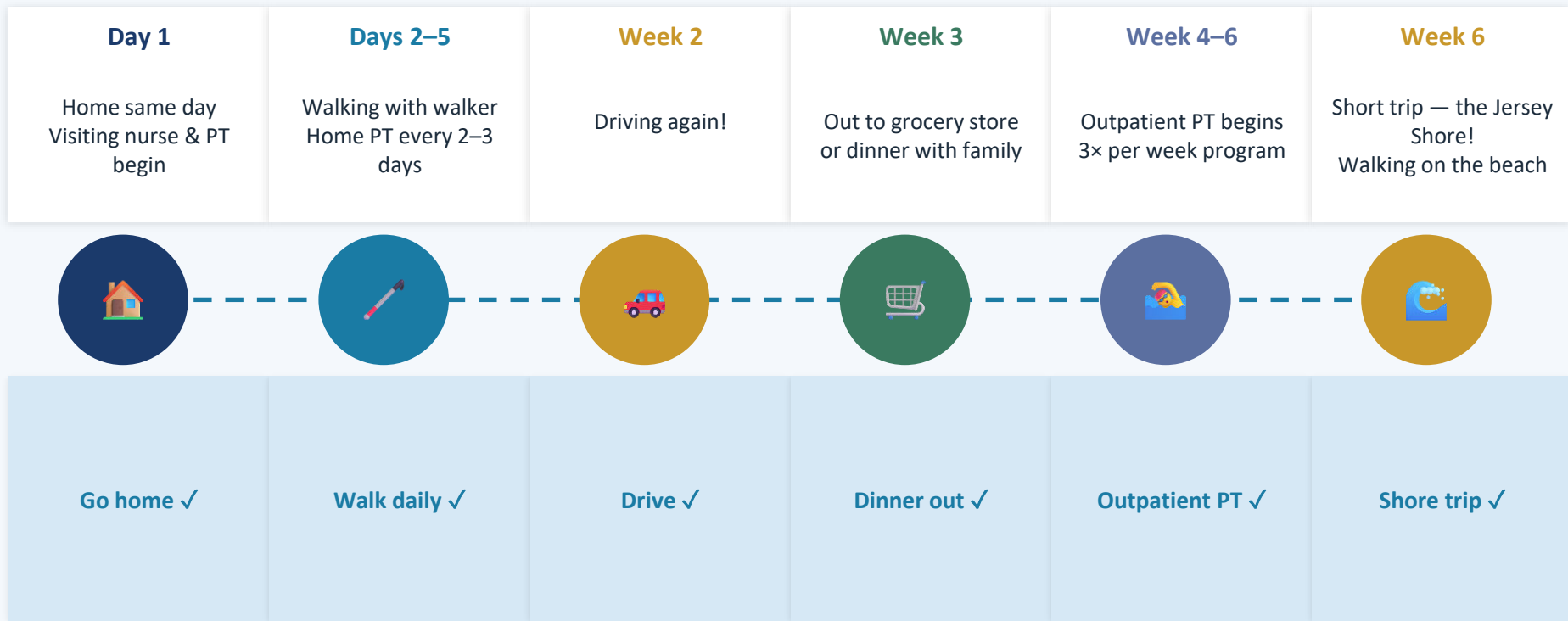
8 out of 10

of Dr. Vikoren's patients go home the **SAME DAY** as surgery

- ✓ Same-day discharge = faster return to independence
 - ✓ Fewer hospital-acquired infections
- ✓ Sleep better in your own bed from night one
 - ✓ Lower overall cost to patient

Your Recovery: Week by Week

Typical milestones after total hip or knee replacement



Home Care After Surgery

The support you need, in the comfort of your home



Visiting Nurse

A registered nurse visits your home in the days after surgery to monitor your vital signs, wound care, and medications. Typically 2–3 visits in the first week.



Home Physical Therapist

A physical therapist visits your home to guide your early exercises, help you navigate your home safely, and advance your mobility. Several visits in the first week.



Outpatient PT Program

Starting at about 4–6 weeks, you transition to outpatient physical therapy — approximately 3× per week for 6 weeks. This is where the real strength-building happens.



Dr. Vikoren's Team

Our care team is available to answer questions and concerns throughout your recovery. Follow-up appointments at 2 weeks, 6 weeks, 3 months, and 1 year post-surgery.

Where We Operate

State-of-the-art facilities close to home


Bucks County Surgical Suites — Kelly Road






Ambulatory Surgery Center · Warrington, PA



 **2800 Kelly Road, Suite 100**
Warrington, PA 18976

 **(215) 607-2100**

 **Mon–Fri: 6:00 AM – 6:00 PM**

-  Joint Commission Accredited
-  Medicare Certified
-  3 Operating Rooms
-  Orthopedic Specialty Center
-  Same-day joint replacement






Bucks County Surgical Suites — Highpoint

Ambulatory Surgery Center · Chalfont, PA



 **1600 Manor Drive, Suite 105
Chalfont, PA 18914**

 **(215) 607-2100**


-  Joint Commission Accredited
-  Medicare Certified
-  Orthopedic Specialty Center
-  Same-day joint replacement
-  Modern, comfortable facility

Doylestown Hospital





For patients requiring inpatient care · Doylestown, PA



 **595 West State Street
Doylestown, PA 18901**

 **(215) 345-2200**

*A nationally recognized,
community teaching hospital*

-  245-bed inpatient facility
-  50+ specialty services
-  Joint Commission Gold Seal
-  Dr. Vikoren's hospital home since 2008 — born here too!

Questions?

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