

Joint distraction for knee osteoarthritis without alignment correction

Information for the public

Published: 1 July 2015

www.nice.org.uk

What has NICE said?

There is not enough evidence to be sure about how well this procedure works or how safe it is. For this reason, it should only be done as part of a research study.

What does this mean for me?

Your health professional can only offer you this procedure as part of a research study. Details of your procedure will be collected.

The condition

Osteoarthritis is a condition that affects the knee joint. It is found mostly in people over 45, but younger people can also be affected. Symptoms of knee osteoarthritis include pain, stiffness, swelling and difficulty walking.

Several treatments and devices are available for people with knee osteoarthritis, that may help you manage your condition. These include using some kind of joint support, equipment to help with walking (such as a walking stick), physiotherapy and surgery.

NICE has looked at using [joint distraction for knee osteoarthritis](#) as another treatment option.

NHS Choices (www.nhs.uk) and [NICE's information for the public about osteoarthritis](#) may be a good place to find out more.

The procedure

Joint distraction without alignment correction is a technique that can be used to treat osteoarthritis in the knee. The knee joint is where the thigh bone (femur) and shin bone (tibia) meet. The ends of each bone are covered in a layer of cartilage, which acts like a shock absorber in the joint. In osteoarthritis, the cartilage becomes rough and thin and the ends of the bones become exposed.

In this procedure, a metal frame is fixed around the knee while the patient is under general anaesthetic or a spinal block. The frame is attached to pins that are drilled through the tibia and the femur. The joint is pulled slightly apart using the frame, which usually stays in place for 2 to 3 months. During this time, the person is able to walk.

The aim is to take weight off the joint and encourage the cartilage to repair itself.

Benefits and risks

When NICE looked at the evidence, it decided that there is not enough evidence to be sure about how well this procedure works or how safe it is. The 3 studies that NICE looked at involved a total of 87 patients.

Generally, they showed the following benefits:

- pain and stiffness in the joint improved, several months or years after the procedure was done
- new cartilage formed in the joint, by 2 years after the procedure was done

- most people were able to walk for longer and had less difficulty climbing stairs, a few years after they had the procedure.

The studies showed that the risks of joint distraction included:

- infections where the pins went into the leg, which were treated by antibiotics
- not being able to bend the knee normally after the procedure. This got better by 1 year after the procedure
- a few patients had a deep vein thrombosis (blood clot in a vein) or a pulmonary embolism (blood clot in the lungs) after the procedure, that needed further treatment.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-1304-6

Accreditation

