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Rheumatoid Arthritis

Rheumatoid arthritis (RA) is a type of inflammatory arthritis that can affect any joint in the body. RA is a type of autoimmune disorder that causes an inflammatory reaction to occur in joints that leads to destruction of the joint cartilage. RA can affect any joint, in any person, and at any age, even children.

Symptoms:

Pain and swelling of the joint is usually the first symptom. Stiffness may develop later. There is often warmth, and a “boggy” feel to the joint. Pain is often present at rest, or first thing in the morning. Pain is often increased with activity. Deformity sometimes accompanies advanced disease.

Cause:

With RA, the body produces antibodies that attack joint cartilage, as if it were foreign. This leads to destruction of the cartilage layer, and ultimately bone-on-bone.

Diagnosis:

A careful history and physical examination will often diagnose arthritis. There is often a family history of RA in immediate family members. Plain x-rays are often normal early in the disease process. MRI is sometimes obtained to evaluate the soft tissues around a joint, and can visualize the articular cartilage quite well. Blood tests are often obtained to make or confirm the diagnosis of RA, as well as to look for other types of inflammatory arthritis (lupus, Reiter’s syndrome, ankylosing spondylitis).



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Treatment:

Treatment of RA is primarily with medication. There are medications that can actually treat the disease process, such as anti-inflammatories and DMARDs (disease-modifying anti-rheumatologic drugs).

Noninvasive: Noninvasive treatment is usually started first. This includes medications, activity modification (avoiding activities or positions that cause pain), pain medication (Tylenol or NSAID first), regular light exercise, bracing or splinting, and rehabilitation. When these treatments fail, patients may consider the next step.

Minimally-invasive: This stage of treatment typically involves injections, and occasionally minimally invasive surgery such as arthroscopy. There are 3 different types of injections that may be considered:

1. Steroid injections: these have been the mainstay of arthritis treatment. They are typically used to confirm the diagnosis of arthritis, and to treat the inflammatory process.
2. Viscosupplementation: injection of hyaluronic acid, one of the main constituents of joint fluid, can be beneficial, although this medication is used primarily for the treatment of osteoarthritis. This is FDA-approved only for the knee, but for osteoarthritis has been used with success in almost every joint.
2. PRP: injection of PRP (platelet-rich plasma, obtained from the patient's own blood) has had some success with arthritis treatment, but its role in the treatment of inflammatory arthritis or RA is unclear. Other *biologicals*, such as AmnioFix may similarly stimulate the body's own healing response. Neither AmnioFix nor PRP is covered by insurance.

Arthroscopic surgery is sometimes used for RA treatment, primarily to flush the joint, and to remove the prolific inflammation of the joint lining tissue (synovitis). This can help reduce pain and inflammation, but will not stop the disease process.

Surgery: Reconstructive or replacement surgery is the final stage of treatment for OA. There are many different surgical procedures, depending on the age of the patient, severity of the disease, and which joint is affected. Soft tissue reconstructions are often utilized in the wrist, hand, and foot/ankle, to correct deformity. For the patient with end-stage arthritis, joint replacement is typically favored.