

# Knee pain

## Explore your treatment options



Use the grid below to explore your treatment options for knee pain. Depending on your condition, you and your doctor will work together to choose an approach that's right for you.

	Self-help measures (weight loss, exercise and/or painkillers)	Physiotherapy	Joint injection	Knee arthroscopy	Knee replacement (arthroplasty)
What is it?	There is strong evidence that overweight patients who lose weight can improve their symptoms. Exercise can strengthen surrounding muscles to support the arthritic knee. Simple painkillers can be bought from the pharmacy, or if you need stronger painkillers, speak to your GP.	Physiotherapy is a treatment that improves the way your joints and muscles work. It can include mobility exercises, muscle-strengthening exercises, massage, taping and hydrotherapy.	A joint injection is when medicine is inserted into your knee using a needle. The medicine often contains steroids, which are strong medicines to help lessen any inflammation in the joint.	This is a key-hole operation to have a look into your knee joint with a camera to diagnose the problem, and sometimes treat the cause. Your surgeon may repair or remove damaged tissues and cartilage.	An operation to replace damaged parts of your knee. In osteoarthritis, the cartilage (spongy tissue covering the bone) is damaged making your knee stiff because the two bones can't slide over one-another very easily. This procedure replaces the damaged parts of your bone and cartilage to make your knee move more easily. The replacement parts are made of metal and plastic.
Why should I have it?	"Conservative" or "less invasive" options mean they tend to carry fewer risks. It's often advised to try these before more complex and risky options, like surgery.	Physiotherapy can be used alone or in combination with any of the other options in this grid.	Some people get good symptomatic relief after an injection which enables them to have physiotherapy and exercise more.	You might be offered this if you have arthritis causing your knee to catch or give way. It's not usually recommended for patients with arthritis alone. It can also be used to investigate inflammation, damage, injury and infections.	Surgery is usually considered only after all other options have been tried.
How is it done?	You might like to seek advice around diet and exercise if you don't feel confident about how to lose weight safely.	Physiotherapy is a combination of "hands-on" care, exercises, advice and education. You'll be coached through exercises which you then do at home yourself or with some support.	This is a simple procedure that involves placing a needle into your knee. You don't need a general anaesthetic.	The procedure is done with spinal or general anaesthesia and usually you would go home the same day.	The procedure can be carried out under spinal or general anaesthesia. It's done in hospital and you might need to stay for a day or two after the procedure.
How long until I am back to normal?	You might feel better after taking painkillers almost immediately. Weight loss and exercise might take longer to improve your symptoms. However, managing your pain with painkillers will enable you to exercise, which will result in longer-term gains.	This will depend on your injury and other factors, such as your general health. It also depends on if you do the exercises you're prescribed to do at home.	The injection works within a week and can last for some months, depending on the medicines that were injected.	Recovery length is dependent on what the surgeon does in your knee. You might expect to be up and walking the same day, but full recovery can take many months depending upon your operation.	Full recovery after a knee replacement might take six to twelve months but most people are walking unaided by three months.
How effective is it?	Five in 10 people respond to simple painkillers like paracetamol and ibuprofen.	Some people find that physiotherapy helps straight away. For others it takes longer to feel the benefit. If you adhere to your prescribed exercises and complete them regularly at home, physiotherapy is likely to be much more effective.	Knee injections are usually very effective in providing pain relief within a few weeks.	Knee arthroscopy can effectively resolve some knee pain, but not always. The evidence suggests that knee arthroscopy for osteoarthritis alone is not effective. It's not recommended for degenerative knee conditions in general.	Nine in 10 people who have this operation say that it relieves their pain. One in 10 say that it does not lead to significant pain relief.
What are the risks?	All medicines have side-effects. Each medicine will come with a patient leaflet or you can discuss them with your pharmacist or GP.	You may feel a bit sore during and after the treatment. Painkillers can help manage the pain.	Steroids are very strong medications and can have lots of side-effects. Frequent injections can cause thinning of the cartilage, which is a risk for more damage. You could also have allergies, and very rarely an infection in the joint.	As with any procedure, there are general risks of bleeding and infection. If the procedure is being used to investigate the cause of symptoms, it might not find it. If you're having the procedure to treat symptoms, it might not get rid of all of them.	As with any surgery, there are general risks including bleeding, infection and the procedure not working. There is a risk of blood clots in the leg in two to 10 in 100 people. You won't be able to bend your knee as far as a normal knee joint. People who have other conditions, such as heart or lung disease, have increased risks of problems.
Anything else I should know?		There are different types of physiotherapy treatments and one might work if another doesn't. Your physiotherapist will discuss with you what treatment plan is best suited to your knee injury/pain.	Having knee injections should enable you to get your pain symptoms under control to then allow you to use other approaches, such as exercise and physiotherapy.	It takes between two and six weeks to recover from arthroscopy. During this time, you may experience pain, swelling and limited movement.	Most people who have knee replacements are in their 60s or older. In the UK, 115,000 people have this procedure each year. Knee replacements can last 15 years, maybe longer. After this time, you may need a further replacement.