



Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: I had polio in both legs at age 10 in 1953 and was unable to walk for a year. With therapy and exercise, I pretty well recovered in one leg and can walk without help. How does fatigue affect people who have had polio? I'm constantly tired. A sleep study shows some sleep apnea and some restless leg syndrome waking me up. My good leg is having knee problems, and I will eventually need knee replacement. I've had one gel shot last year and will get another one soon. Does the bad leg make me tired all the time or could it just be the sleep apnea? Also, having the good knee replaced will put more pressure on the weaker leg. How does that work out for people in my situation?

A: A weak post-polio leg does require more energy for walking, compared to energy spent walking by people without leg weakness. However, I would expect that your fatigue severity would then correlate with how much walking you did. If the fatigue is more or less constant and unrelated to your activity levels, then sleep apnea would be a much more likely primary cause for it. With effective treatment of sleep apnea, many people have remarkably improved energy levels, occasionally described as a "new lease on life." It is definitely worth treating if it is confirmed you have it.

Regarding a knee replacement putting more pressure on a weaker leg, I would assume the opposite to be true. After recovery from a successful knee replacement, you can again rely on the stronger leg and reduce stress on the weaker leg. During the first few weeks, and sometimes the first few months, after a knee replacement, you may need to rely more than usual on the weaker leg, but there are many ways to minimize this from being a problem.

The most common way is to use a walker during the post-operative period when the affected knee is healing and regaining its strength. If you continue to use the walker, or one or two canes/crutches, until the affected leg is again stronger than the weaker one – and is without pain – you should do well and meet my expectation that the operation will help reduce stress on the chronically weaker leg. A thorough gait assessment (careful analysis of your walking pattern) would also be helpful; and if a brace would help improve your walking pattern efficiency, it would be wise to do this before the knee replacement.

I presume by gel shot you mean an injection of hyaluronan (brand names Synvisc® and Orthovisc®). If these injections are helpful, they can be repeated every six months indefinitely, and they are a good way to postpone or avoid the need for knee replacement surgery.

Question: I contracted polio in 1984, when I was 3 years old. In 2009, I discovered that I had very high blood pressure with figures ranging between 160/90 and 200/110. I have been on medication since then but there is no change thus far. At times I feel so weak after taking medication. My question: Is there a link between post-polio and high blood pressure?

A: I can absolutely reassure you that your history of polio has nothing to do with why you have developed severe hypertension at a young age. If medications have not controlled the hypertension, you need to see a specialist. I am concerned you have another condition that is producing the hypertension as a symptom, and that other condition needs to be identified. ■