

Orthopaedic Connection

Knee Arthritis! Osteotomy and Uni, Huh?

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Transforming patient information into patient understanding.

Unless you live in a cave, I think you probably have heard of Total Knee Replacement or Total Knee Arthroplasty as Orthopaedic Surgeons like to call the procedure.

I do many more knee replacements than total hip replacements, because it seems that the knee is much more vulnerable than the hip and develops arthritis much more often.

Total Knee Procedure

At surgery I replace the upper surface of the knee (femur) and the lower surface (tibia) with a combination of plastic and metal components. Additionally, the under surface of the knee cap is replaced by a plastic (polyethylene) surface.

Most patients I see have arthritis changes in more than one area of the knee. They therefore require a traditional Total Knee Replacement.

Limited Arthritis

You should be wondering, "What if the damage in my knee is limited to only one part? Do I need a complete replacement?"

Very good intelligent question. It does happen sometimes that arthritis is limited to only one of the three compartments of the knee.

There are biomechanical reasons I don't need to go into that make it unusual for only one part of the knee to be arthritic.

When I confirm that this is true, usually with arthroscopic surgery, there are some other options.

Really. Tell Me More

Osteotomy, what's that? Well it means literally, cutting the bone. It is a knee procedure that has been around since at least the 1960s popularized by an Orthopaedic Surgeon at the Mayo Clinic, Dr. Mark Coventry.

In the case of a patient who is badly bow legged, the arthritis is on the inner or medial side of the joint. The tread so to speak on the inner side is worn out, but on the other side it is good.

To do an "osteotomy" on this knee, I make an incision on the outer side of the tibia and remove a wedge of bone. I then bring the bone surfaces together, closing the wedge. This realigns the leg and knee into a slightly knock knee appearance.

It puts weight bearing primarily on the outer compartment of the knee and reduces pressure of the arthritic part.

Who Can Have Osteotomy?

It is sometimes recommended for patients younger than age 60 or those who are very active. It is appealing in certain ways because you retain your own knee structure, but it is realigned. It can relieve a lot (usually not all) of pain and allow the person to do what they want after it heals. Some people simply don't want a prosthetic joint. If they have limited arthritis changes, this might be for them.

Factors

- After surgery your knee is held in place with a cast or strong knee splint.
- How long depends on how fast you heal. 6 weeks at least.
- Crutches or a walker during that time.
- Rehabilitation follows.
- Resume regular activities in 3 to 6 months.
- Obviously it's not for everybody, but it does have a place.

Dang, out of time! So much to say, but only so much space. Please do come back next week to learn about Uni. Till then, have a good week.

Gratiot County Herald Archive and Office Website

What if I told you all the musculoskeletal information you need is in one place? It is. Log onto www.orthopodsurgeon.com and you get -

- The office website and library
- Your Orthopaedic Connection
- Gratiot County Herald Archive of every article I have written (complete text).

It contains tons of useful information you or someone in your family can use.

All of the information available concerns what I am treating daily in the office and hospital. Log on and check it out.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush