

Orthopaedic Connection

Total Knee. 4" Incision. Really?

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

Minimally invasive surgery as it is termed has certainly affected almost every aspect of surgery. Orthopaedic Surgery has benefited by those pioneering Orthopaedic Surgeons and Biomedical Engineers that have allowed procedures to be done in ways unimaginable in the past.

Perhaps they have been inspired by Robert Kennedy who once remarked, "Others see things as they are and ask why? I dream of things that never were and ask why not."

I believe the line that I start every article with is particularly appropriate to this Total Knee topic.

Transforming patient information into patient understanding.

Patients and families have at their disposal a huge amount of never before available medical information. Total knee replacement appears on, I'm sure, thousands of web sites. If you get more specific and ask for minimally invasive total knee surgery there will be hundreds more. How can you sort through this?

How can you possibly understand it if you aren't an Orthopaedic Surgeon or a Biomedical Engineer? Of course, you can't.

Please know I am not panning or downing minimally invasive total knee replacement surgery.

What Is It? How Is It Done?

The knee incision is smaller in length and is centered more to the lateral (outer) side of the knee cap. The traditional incision is directly over the center of the knee and is about 6 to 7 inches in length. Minimally invasive surgery involves less cutting of tissue around the knee.

Surgeons who do this technique believe it speeds recovery, shortens hospital stay to about 2 days and results in less blood loss.

Special instruments have been developed for doing this special procedure by the equipment companies that also make the implants or prostheses as they are called.

Can This Work For Everybody?

Probably not because many of our patients nowadays are simply too big to be able to do a total knee replacement through a small incision. In addition, patients who have waited too long to have the procedure are really bow legged and the knee won't straighten out. These factors limit the number of patients who are good candidates for minimally invasive surgery.

So in the more average size patient with knee arthritis who does not have bad bow leg or knock knee it can be done and be a benefit.

The smaller incision and tissue sparing aspect of minimally invasive total knee surgery make it challenging for the surgeon because of a small field of vision. This makes it much harder to get the implant (prosthesis) in the proper position.

Much More

Dang. There is a lot more that you need to understand about total knee replacement to know what's best for you or your family. I have run out of space this week. I hope very much you can come back to class next week for the conclusion and recommendations. See you then.

Gratiot County Herald Archive and Office Website

I sincerely hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.

It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

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

Dr. Haverbush