

KNEE REPLACEMENT SURGERY

Knee Replacement Surgery is considered an option when all other measures to preserve your own natural knee joint have been exhausted. While this is a major procedure, advances in medicine, surgery and technology have made it one of the safest procedures to undergo.

In a knee replacement operation, the worn out cartilage which has covered the knee joint is shaved away and replaced with a metal prosthesis. It may be only part of the knee which is replaced, although commonly the entire knee joint needs replacement. When only a part of the knee is replaced, it is called a unicompartment or bicompartement replacement. When the entire knee and all three compartments are replaced it is called a total knee replacement or TKA.

As described above, the knee has three compartments, the medial or inside of the knee, the lateral or outside of the knee and the patellofemoral compartment under the knee cap. There are various reasons to replace one or more compartments and depending on the extent of wear in your knee, we can determine what needs to be done. It is important to determine the extent of wear and need for replacement to avoid the need for repeat surgeries. My goal is to have you go through only one operation that will last you your lifetime. However, there are special conditions and indications where doing less is as good as doing more.

For the procedure I make an incision which is called by many a "mini incision." As a surgeon I need to balance the benefits of a small incision against the requirements of fitting the new prosthesis through that opening. I do not cut the quadriceps muscle, which is the thigh muscle or its tendon at all. I believe that this is an important muscle to preserve and that preserving it eases rehabilitation. I operate through a subvastus approach, even in revision cases which means I operate under the muscle, preserving its strength and function whether I am replacing only one or all compartments, as in the standard total knee replacement.

With a team approach and dedicated rehabilitation following surgery, the majority of my patients are discharged from hospital within 48hrs. Following our established protocols, we have been successful in avoiding blood transfusions in 99% of our patients. And the best part - in most instances, you can look forward to ambulating without assistive devices, no cane and no walker within a couple of weeks of your surgery.