

Orthopaedic Connection

Partial and Minimally Invasive Knee Replacements

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I instantly decided to write this after reading an article in a major Michigan newspaper about partial and minimally invasive knee replacement surgery. I'm sure it was published nationally and was written by a "medical writer" who is not a physician, much less an Orthopaedic Surgeon, and has no experience in Orthopaedics. They are wordsmiths who are good at gathering bits and pieces of information about a subject and writing an article that sounds authoritative. It sounds intelligent to anyone who is not an Orthopaedic Surgeon, but most of the information is incorrect or slanted entirely to say what the writer wishes. But the public reads it and assumes it is true.

A 77 year old woman is described as having a partial knee replacement rather than a total knee. The article states surgery was easy on her and she had a much quicker recovery.

Partial knee replacement is a technique that has been around for at least thirty years. It should only be done on people who have arthritis in one knee compartment and the other two compartments are normal. Older patients rarely have localized arthritis and so partial knee replacement really isn't for them. But it is difficult to convince patients that something they read about in the paper is not for them. They are disappointed and suspicious that I want to do more surgery than they believe they need!

I have taken care of patients who have had a partial knee replacement elsewhere and then have come to me a couple of years later with knee pain. Then we have to take out the partial and do a total knee replacement. If a total knee replacement had been done first, a second surgery would not have been needed.

Is there a place for partial knee replacement? Definitely, yes. In carefully screened patients who are usually younger, not 77.

Minimally Invasive

The term minimally invasive knee surgery was not coined by someone who had the surgery! I have always felt that the term "Less Invasive" is a better description. We can't take a knee apart as we do and reconstruct it with new parts and do it "minimally". With smaller incisions and newer anesthesia techniques the procedure is certainly less hurtful than in the past. If we are planning on your new knee lasting you the rest of your

life isn't it silly to be preoccupied that your friend's incision was 4 ½" long and yours is 6. The person's size, tissue stiffness and amount of arthritis all determine how large the incision needs to be, not some hope on the patient's part to have the smallest possible incision. I will do the best total knee with the smallest incision that I can do for you, but I have to see what I am doing.

Gender Knees

The newest buzz phase is "gender specific knees for women". There have always been in every total knee system a large variety of sizes of implants to fit everyone. This is certainly true of the DePuy LCS prosthesis that I have used for years. I have never felt that I did a total knee replacement that did not accommodate a woman's size. The difference in the anatomy of the knee between men and women is minimal at best. Even the company who makes the knee admits this. It depends on the woman's size and bone shape. Because there are so many more total knees done in women than men, you can't blame the company for modifying its total knee design and pitching it as the "best" one for women. This is certainly the age of marketing of medical care. It is everywhere, print, radio and T.V.

It is my hope that what I am trying to do here is educational for patients and families. It is based on my knowledge and experience in the field of Orthopaedic Surgery. I live and work among you. What you read here was not written by someone who has never picked up a scalpel.

For accurate information regarding all your Orthopaedic questions log on to our office teaching web site www.orthopodsurgeon.com / Your Orthopaedic Connection.

Be well.

Dr. Haverbush