

The Total Hip and Knee Newsletter

Michael Welch MD

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The Oxford Mobile Bearing Unicompartmental (Partial) Knee Replacement

by Michael C. Welch, MD

Total knee replacement surgery has been successfully used in the treatment of knee arthritis for more than 35 years in the United States. The Oxford Partial Knee replacement is now redefining both patient's and doctor's outlook on knee replacement surgery. Unlike a total knee which eliminates the natural motion and ligament function of the knee, the Oxford restores the existing ligaments to their normal state and permits the return of natural motion and stability. By only replacing/rebuilding the medial (inside) half of the knee and retaining all of the undamaged parts, the joint moves further and better sooner and functions more naturally. It is this return to a more normal state, along with the superior bearing material, that is thought to contribute to the long life of the implant.

Leading surgeons in Oxford, England along with engineers at Biomet, developed the Oxford® Unicompartmental Knee System. The Oxford® Unicompartmental Knee System is the only FDA-approved, free-floating meniscal partial knee system available in the United States and has been very successfully utilized throughout Europe for more than two decades. While fixed bearing (no moving parts) partial knee replacements have been used in The United States for over 25 years, patient function and the durability of the implant were not too impressive. The Oxford has dramatically improved these post-operative patient results.

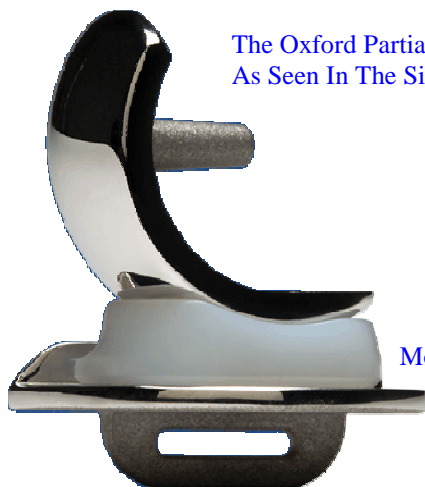


In a healthy knee, the meniscus serves as a shock absorber between the ends of the bones. The Oxford is the first partial implant with an artificial meniscal bearing designed to glide freely throughout the knee's range of motion, more closely replicating normal knee movement. The free-floating nature of the device also improves durability of the implant. Although plastics are rapidly disappearing in total hip replacement surgery, they remain the mainstay in knee replacement surgery. The mobile bearing of the Oxford Unicompartmental Knee System is manufactured by Biomet from ArCom® Direct Compression Molded polyethylene. This medical grade plastic has well documented superiority for increased wear resistance over other types of manufactured poly-

ethylenes. The bottom line... it lasts longer.

The Oxford has been shown to impede arthritis disease from spreading through the rest of the knee. With advances in the design, this partial knee replacement may last long enough and perform well enough that the patient may not need additional knee surgery for 10-15 years.

Published long-term clinical results on the Oxford® Knee demonstrated a 98% success rate at 10 years and 95% at 15 years and beyond, equaling or exceeding the results of the most successful total knee replacements. Studies also show that most patients experience a rapid recovery and more natural joint function. In short, the Oxford Partial Knee Replacement is changing the entire approach to knee replacement surgery to simpler, easier and more predictable outcome to benefit patients. (Oxford: www.Biomet.com)



**The Oxford Partial Knee Implant
As Seen In The Side View**

Mobile Bearing

Dr. seeing patients at three convenient locations...

Patients may now be scheduled each week at one of three offices: The medical office building at Deaconess Hospital, located on Straight Street which is directly across from the hospital; the West Chester office on Union Center Boulevard and at our Creek Road office in Blue Ash. We hope these location and hours of operations will provide patients with an improving access to our care. To make an appointment to see Dr. Welch please call 232-BONE

The Investment Required for the Best Total Joint Surgery Possible

After a successful rehabilitation following total joint replacement surgery, the thought of continuing formal physical therapy for life would be very nauseating for most patients. Many patients are so excited to get on with their new life with a total hip or knee replacement since their joint 'feels good'. Don't let this feeling fool you into not committing to a regular exercise or activity program. It is not unusual for a patient to be seen in the office for their annual joint appointment and report that they feel so good they did not think that they needed to exercise. It continues to be our recommendation that **ALL** total joint replacement patients continue to partake in at minimum a three-day-a-week program of low or non-impact activity. Even a simple leisurely walking program of 20 minutes duration done three times a week fulfills the activity required to keep your total joint at its best functioning level. The bottom line is... the stronger the muscles surrounding the joint the better it works and the longer it will last. If you have overcome joint replacement surgery take the pledge to invest in the future of your total joint by committing to a lifelong exercise or activity program. If you are not sure which types of activities are recommended following your surgery, feel free to ask and we can discuss a program best suited for you!

WHAT'S UP WITH HIP RESURFACING?

Capping the head of the hip with a metal against metal cup is known as resurfacing. Predominately developed by Mr. Derek McMinn in England it is a reintroduction of a concept that has been around for over 30 years. Now, however, materials engineers have introduced superior metal bearings that last years and, in general, surgical implant techniques have eliminated many of the old problems that caused these devices to fail previously. While less bone is removed from the femur, follow-up of patients is still less than ten years and so surgeons in the USA remain cautious about long term results. Many younger patients think "one can leap tall buildings at a single bound" after a resurfaced hip. Not so! Another myth: it takes a smaller incision. Actually the exposure is larger than current small incision total hip replacement. Here's a list of conditions that would disqualify you for a resurfacing device: Poor Bone Quality, Metal Sensitivity, odd shaped hip geometry or excessive deformity, post menopausal women, osteoporosis, rheumatoid conditions, diabetes, avascular necrosis, kidney disease and most importantly unrealistic expectations. The best thing is to seek consultation to see if this form of treatment fits your hip problem.



Patient Artwork are Words of Wisdom for Knee Replacement Surgery Patients

Despite our best efforts in patient education and preparation for upcoming total joint surgery, often times patients can be overwhelmed in the first few weeks after their surgery. Through all the years of advice given to us by patients to help prepare them for surgery, it was not until recently that a patient was able to capture her experience in recovering from total knee replacement in so few words.

Bonnie Kutschenreuter is a retired school teacher who had been battling knee arthritis for a number of years. On July 12th, 2005 she took the big step of having a left knee replacement. She worked diligently in physical therapy and had a great recovery a mere three months after the surgery. When Bonnie returned to our office in October to get updated x-rays she presented Dr. Welch with a gift of appreciation. In all of his years of receiving mementos from patients, Dr. Welch admits this beautiful work of art captures the essence of total knee replacement better than any other. Bonnie is again on the road to recovery following her recent right knee replacement surgery on December 5th, 2005. She knows that soon enough she will have two 'good as new' knees to let her enjoy and create more beautiful wood burning artwork. Since Bonnie's creation so accurately depicts knee replacement surgery we thought we should pass it along to you.

Total Knee Replacement Surgery



At 4 Weeks

At 8 Weeks

This newsletter is courtesy of:

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