

Robotic Arm-Assisted Surgery for Partial Knee Replacement

*Patient
Guide*



Causes of your knee pain

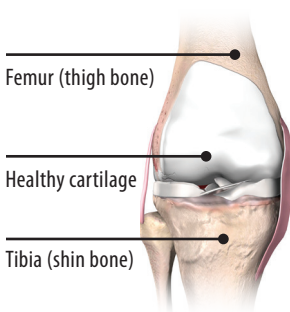
Your joints are involved in almost every activity you do. Movements such as walking, bending and turning require the use of your hip and knee joints. When the knee becomes diseased or injured, the resulting pain can severely limit your ability to move and work.

The knee is the largest joint in the body and is central to nearly every routine activity. The knee joint is formed by the ends of three bones:

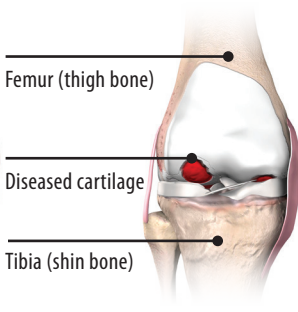
- The lower end of the thigh bone, or femur.
- The upper end of the shin bone, or tibia.
- The kneecap, or patella.

Thick, tough tissue bands called ligaments connect the bones and stabilize the joint.

An normal knee



An arthritic knee



One common cause of knee pain is **osteoarthritis (OA)**. OA is sometimes called degenerative arthritis because it is a “wearing out” condition involving the breakdown of cartilage in the joints. When cartilage wears away, the bones rub against each other, causing pain and stiffness.

Did you know?

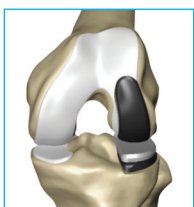
Approximately **27 million Americans** suffer from OA.¹

What is partial knee replacement?

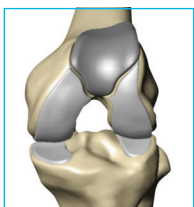
Partial Knee Replacement (PKR) is a surgical procedure that helps relieve arthritis in one or two of the three compartments of the knee.

With PKR, only the damaged area of the knee joint is replaced, which may help to minimize the trauma to healthy bone and tissue.

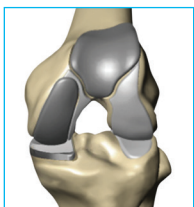
There are three types of PKR



1 Unicondylar Knee Replacement is a procedure that replaces only the single affected compartment of the knee, either the medial or lateral compartment.



2 Patellofemoral Knee Replacement is a procedure that replaces the worn patella (the kneecap) and the trochlea (the groove at the end of the thigh bone).



3 Bicompartmental Knee Replacement is a procedure that replaces two compartments of the knee, the medial and patellofemoral compartments.

Robotic arm-assisted technology can be used for partial knee replacement, which is a procedure designed to relieve the pain caused by joint degeneration due to osteoarthritis (OA). By selectively targeting the part of your knee damaged by OA, your surgeon can replace the diseased part of your knee while helping to spare the healthy bone and ligaments surrounding it.

How robotic arm-assisted surgery works



1 Have a plan personalized for you

It all begins with a CT scan of your joint that is used to generate a 3D virtual model of your unique anatomy. This virtual model is loaded into the system software and is used to create your personalized preoperative plan.

2 In the operating room

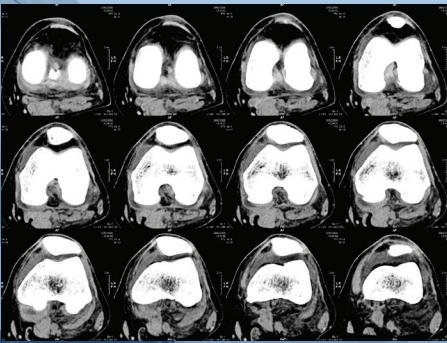
Your surgeon will use the system to assist in performing your surgery based on your personalized preoperative plan. When the surgeon prepares the bone for the implant, the system guides the surgeon within the predefined area. During surgery, the surgeon validates the plan and makes any necessary adjustments in real time, while the robotic arm allows the surgeon to execute the plan with a high level of accuracy and predictability. The combination of these three features of the system has the potential to lead to better outcomes and higher patient satisfaction.

3 After surgery

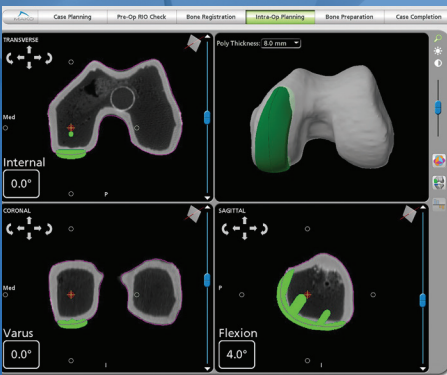
After surgery, your surgeon, nurses and physical therapists will set goals with you to get you back on the move. They will closely monitor your condition and progress. Your surgeon may review an X-ray of your new partial knee with you.

Did you know?

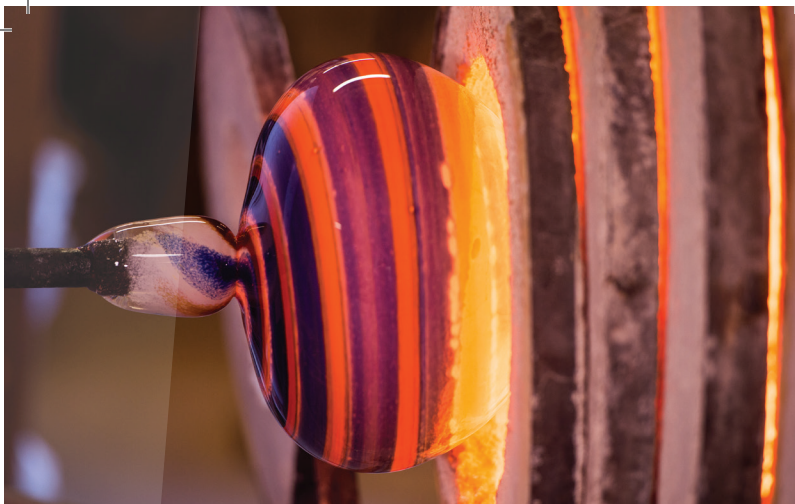
10 to 15% of all patients with osteoarthritis of the knee may be eligible for Partial Knee Replacement?²



CT Scan



Personalized Planning



She made her move

Paula Cooper

Partial Knee Replacement (PKR) patient

Paula Cooper moved to the Florida Keys where she looked forward to enjoying outdoor activities such as snorkeling and bicycle riding. It was very frustrating for her when these activities became too painful due to knee pain. The pain became so bad that walking any distance was almost impossible.

Cooper was diagnosed with osteoarthritis (OA) in both knees. She was informed that only part of each of her knee joints was being impacted by the disease, and that she was a candidate for partial knee replacement.

After discussing the benefits and risks of surgery with her doctor, she had PKR on her left knee in 2009. During her six week checkup and after further discussion with her doctor, Paula decided to undergo PKR on her other knee without hesitation. Cooper is a glass artist and spends a large amount of her time on her feet. As a result of the surgeries, she can enjoy her work again.

Individual results may vary. Not all patients will have the same postoperative recovery and activity level. See your orthopedic surgeon to discuss your benefits

What to expect in the weeks prior to surgery

Preparing for partial knee replacement surgery begins weeks before the actual surgery. The checklist below outlines some tasks that your surgeon may ask you to complete in the weeks prior to your surgery date.

- Exercise under your doctor's supervision
- Have a general physical examination
- Have a dental examination
- Review medications
- Stop smoking
- Lose weight
- Arrange a preoperative visit
- Get laboratory tests
- Complete forms
- Prepare meals
- Confer with a physical therapist
- Plan for post-surgery rehabilitative care
- Fast the night before
- Bathe surgical area with antiseptic solution



It's your move.

Questions to ask your doctor at your next appointment

1. What are the benefits and potential risks involved with partial knee replacement surgery?
2. How long does it typically take to recover from surgery?
3. Is osteoarthritis a factor in my knee pain?
4. Will reducing activity, taking pain or prescription medication, getting injections or adding physical therapy help ease my pain?
5. Could partial knee replacement help provide me with relief from my knee pain?
6. Am I a candidate for robotic arm-assisted surgery?

Did you know?

Realistic physical activities following **knee replacement** include walking, swimming, golfing, driving, light hiking, biking, dancing and other **low-impact sports**.³

Important information

Partial Knee Replacement

General indications: Partial knee replacement is intended for use in individuals with joint disease resulting from degenerative and post-traumatic arthritis, and for moderate deformity of the knee.

Contraindications: Partial knee replacement surgery is not appropriate for patients with certain types of infections, any mental or neuromuscular disorder which would create an unacceptable risk of prosthesis instability, prosthesis fixation failure or complications in postoperative care, compromised bone stock, skeletal immaturity, severe instability of the knee, or excessive body weight.

Common side effects of knee replacement surgery: As with any surgery, knee replacement surgery has serious risks which include, but are not limited to, peripheral neuropathies (nerve damage); circulatory compromise including deep vein thrombosis (blood clots in the legs); genitourinary disorders (including kidney failure); gastrointestinal disorders including paralytic ileus (loss of intestinal digestive movement); vascular disorders including thrombus (blood clots), blood loss, or changes in blood pressure or heart rhythm; bronchopulmonary disorders (including emboli, stroke or pneumonia); heart attack and death.

Implant-related risks which may lead to a revision of the implant include dislocation, loosening, fracture, nerve damage, wear of the implant, metal sensitivity, osteolysis (localized progressive bone loss) and reaction to particle debris. Partial knee implants may not provide the same feel or performance characteristics experienced with a normal healthy joint.

The information presented is for educational purposes only. Speak to your doctor to decide if joint replacement surgery is right for you. Individual results vary and not all patients will receive the same postoperative activity level. The lifetime of a joint replacement is not infinite and varies with each individual. Your doctor will help counsel you about how to best maintain your activities in order to potentially prolong the lifetime of the device. Such strategies include not engaging in high-impact activities, such as running, as well as maintaining a healthy weight. Ask your doctor if robotic arm-assisted surgery is right for you.

References

1. Arthritis Foundation website, <http://www.arthritis.org/about-arthritis/types-of-arthritis/osteoarthritis/what-you-need-to-know/osteoarthritis-is.php>, accessed October 2014.
2. Hospital for Special Surgery website http://www.hss.edu/condition_partial-knee-replacement.asp#3, accessed October 2014.
3. AAOS website, <http://orthoinfo.aaos.org/topic.cfm?topic=A00389>, accessed October 2014.

Individual results vary. Not all patients will have the same postoperative recovery and activity level. See your orthopedic surgeon to discuss your potential benefits and risks.

Robotic arm-assisted partial knee replacement surgery is performed at:

St. Clare Hospital

11315 Bridgeport Way Southwest
Lakewood, WA 98499



Highline Medical Center

16251 Sylvester Road Southwest
Burien, WA 98166



St. Clare Hospital and Highline Medical Center are part of CHI Franciscan. Learn more at chifranciscan.org/orthopedic.

