

From **Ow** to **Wow!**

The Oxford unicompartmental knee replacement can be an early treatment option. People don't need to suffer for years and years, waiting until they're candidates for a total knee replacement; they can opt for a partial replacement and get back to a pain-free lifestyle much quicker. Then, if down the road, additional osteoarthritis warrants a total knee replacement, that option is still open.

Pamela Bergman was sixty years old when her left knee began giving her problems.

"It was changing my lifestyle tremendously," recalls Pamela. "I was used to being on the go all the time. I loved to go for walks on the beach, but I couldn't do it anymore. Swimming was out of the question because every time I turned my knee, the pain was unbearable. Even going up and down stairs was horrid.

"It was a very painful situation."

Pamela finally scheduled an appointment with her internist.

"I told him I was having a lot of popping and clicking in my knee," she describes, "and then the pain would strike. When I said couldn't go on like this, he referred me to an orthopedic surgeon in Ft. Myers. That doctor put me into a brace, gave me cortisone shots, and when that didn't work, he performed arthroscopic surgery."

The surgery alleviated Pamela's pain for approximately two months, she says: "But then it started all over again."

The doctor next tried viscosupplementation therapy, or joint lubricants, on Pamela's knee. This treatment involves injecting a clear, gel-like substance directly into the knee joint to help restore some of the lost lubrication. Unfortunately, the therapy did not relieve Pamela's pain.

"Then he referred me to his partner who went in again arthroscopically," recounts Pamela. "He drilled holes into the bone to see if it would relieve the pressure. Instead, my knee became so painful I could barely stand to have it touched.

"By then I was on a cane and in a brace full time."

Pamela remembers explaining her situation to her neighbor: "She said, *Why don't you go to my orthopedist, Dr. Davis, and see if he can help you?*"

Mark J. Davis, MD, FAAOS, is a board-certified orthopedic surgeon with extensive, well-recognized, and prestigious additional fellowship training in knee and hip replacement from Anderson Clinic in Arlington, Virginia. He frequently travels to cities around the country to instruct other orthopedic surgeons on surgical techniques. Dr. Davis was also recognized by *Gulf Shore Life Magazine* in 2005, 2006 and 2007 as one of the top orthopedic surgeons in southwest Florida.

Pamela scheduled an appointment with Dr. Davis.

"I believe in first impressions," confides Pamela,

"and I liked him right away."

Dr. Davis took a thorough medical history and performed a clinical examination on Pamela's knee, focusing on determining her level and location of pain and stiffness, which, according to the doctor, are essential before making any recommendations.

"Age, activities of daily living, injury or illness, and osteoarthritis all can take their toll on the cartilage, which serves as a shock absorber in the weight-bearing joints in our hips and knees," offers Dr. Davis.

"The normally smooth cartilage becomes pitted and rough, impeding the gliding motion of a normally functioning joint and causing pain that can radiate to other parts of the body," he continues.

"Sometimes, pieces of cartilage break off and add to the pain in the joint. In extreme cases, the cartilage wears away completely, and the bones that meet inside the joint grate on each other, escalating the pain."

The doctor explains that x-rays are used to determine if arthritis is apparent only in the inside part of the knee, an important prerequisite in determining the best intervention. In a normal knee, the condyles — two rounded, knob-like protuberances at the bottom of the femur or thighbone — fit and move in the hollows of the tibia or shinbone, forming the actual knee joint. When one condyle is damaged due to wear, injury, or arthritis, the resulting pain and impaired motion of the knee can become incapacitating.

"After giving me an examination and studying my x-rays, Dr. Davis thoroughly explained everything to me," reflects Pamela. "He recommended that he go into my knee arthroscopically. He said that once he saw what was going on in there he may want to do either a partial or a total knee replacement.

"I trusted his judgment, so I scheduled the surgery."

Once Dr. Davis was able to properly assess Pamela's knee, he determined that a partial or unicompartmental

replacement, or UKA, also known as the Oxford unicompartmental knee replacement, would provide Pamela with the relief she needed.

"In April 2004, the FDA approved the Oxford meniscal unicompartmental knee system by Biomet Orthopedics, Inc., of Warsaw, Indiana, for use in the United States," educates Dr. Davis, "although it has been used throughout Europe for more than three decades with outstanding outcomes."

Biomet invited Dr. Davis to go to Oxford, England, as one of the first thirteen physicians in the United States to train to do the Oxford procedure. He went and learned the technique, which is a very technically challenging procedure, and he has been offering it to qualified patients now for approximately three years.

"The benefit of the Oxford is that it is a *mobile-bearing* knee system," he teaches. "The plastic bearing slides, allowing the artificial knee joint to move. The implant's outcomes and longevity are far superior to anything else



The Oxford unicompartmental knee replacement is the prosthetic that Mary Lou Retton, the first American woman to win a gold medal in gymnastics and the only American woman ever to win the Olympic All Around Title, talks about on television.

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out there on the market.

"A UKA relieves the patient's pain and restores both the correct alignment and motion of the knee joint."

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UKA benefits

"We consider the UKA procedure to be minimally invasive for several reasons," explains Dr. Davis. "First, the incision is typically only about three inches long. Second, only the damaged portion of the knee joint is replaced. Basically, we preserve the natural knee joint and replace only the portions that are bad, much like a dentist would repair a single bad tooth rather than pulling all the healthy teeth and replacing them with dentures.

"Third, unlike with a total knee replacement, where a patient may remain in the hospital or rehab facility for up to two weeks after surgery, a partial knee replacement patient typically goes home the day after surgery."

Dr. Davis, who has taught the partial knee replacement procedure to approximately 4,000 orthopedic surgeons around the country, notes that in most cases the recovery from a partial knee replacement is faster than that from a total knee replacement. "Typically, patients are not able to drive until approximately six weeks after a total knee replacement, but most of my partial knee replacement patients are able to drive two weeks following surgery; they become independent again much faster."

Successful surgery

Dr. Davis performed a partial knee replacement on Pamela's left knee on the morning of February 14, 2007.

"They had me out of bed the night of the surgery," says Pamela. "Before I got up they cautioned me that my knee would hurt when I stood up on it. As I put my weight on it, I said *wow*."

"The nurse said, Do you mean *ow*?"

"I said, *No, I mean wow!* The pain I had been suffering with for so long was gone. It was amazing.

"It was my best Valentine's Day present ever."

The next morning Pamela went to the Joint Academy.

Joint Academy

"Aside from the improvements in surgical techniques and materials, we now have new philosophies about rehabilitation that can speed a patient's recovery following joint replacement," says Dr. Davis. "Today, physical therapy is started immediately following surgery, while the patient is still in the hospital, which is vital to ensuring a speedy recovery. It allows the patient to regain knee strength and range of motion as quickly as possible by helping to strengthen the knee joint, to keep muscles strong, and to improve the new joint's flexibility. Today's patient is likely to recover more quickly and fully than ever before.

"Our patients attend our Joint Academy at Charlotte Regional Medical Center," notes the doctor. "It begins within one day of surgery. About a half dozen patients usually attend the program."

"It was really kind of neat," says Pamela. "We all came to a common area and everyone has a recliner."

A unit coordinator first explains everything in detail, and then the therapist leads the patients in exercises. The staff is consistent week to week, which leads to better patient care. If you don't have someone with you to help you, they provide a



Dr. Davis was among this first group of physicians from the United States trained to perform the Oxford surgical procedure. Here the group is standing in front of the Oxford University Museum of Natural History in England.

volunteer to work with you and help you perform your exercises in front of the physical therapist.

Elements for a successful doctor-patient relationship

A doctor-patient consultation should result in the patient learning:

- what the problem is
- what the possible solutions are
- what risks and benefits those solutions hold
- what the doctor's recommendations are

"We learned how to move our knees and what exercises to do to begin regaining our strength and range of motion," says Pamela. "There are quite a few therapists involved, and they watch to make sure we are doing the exercises correctly. They give special attention to those patients who need it."

"The staff is very encouraging, and after therapy they have lunch right there, sitting in their reclining chairs," describes the doctor.

"Working with the other patients meant that I didn't feel alone," reflects Pamela.

She was thrilled to be discharged from the hospital that afternoon.

Once Pamela returned home, Dr. Davis's office had everything in place

for her outpatient therapy. "It is important to me that my patients know our relationship doesn't stop when their surgery is complete," adds Dr. Davis. "Many people in our area have no family living nearby, so I also reassure my patients that we have the resources and community connections to make sure that their rehabilitation and well-being are supervised long after they leave the hospital."

He adds that patients can be reassured that they will experience as little "downtime" as possible following their joint replacement surgery.

"This has been just wonderful," says Pamela. "Dr. Davis has given me my life back, and surprisingly it is the little things that I've most appreciated. The other day I did something I hadn't been able to do in a long, long time: without thinking I got down on my hands and knees. When I realized what I was doing, I thought, *This is great*."

"Dr. Davis is one of the most down-to-earth physicians I've ever met. He tells you what he's going to do and how he's going to do it. He answers all your questions thoroughly. And his staff is wonderful to work with, too.

"Some people think they have to go to greener pastures to find the better doctors, but I found one right here in Port Charlotte.

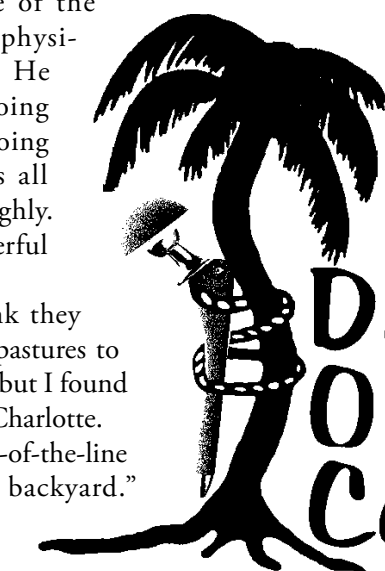
"Sometimes the top-of-the-line is right in your own backyard."

PHOTO—Kris Kline



Mark J. Davis, MD, is board certified by the American Board of Orthopaedic Surgery and fellowship trained in joint replacement through Anderson Orthopaedic Research Institute, Arlington, VA. He completed his undergraduate studies at Iowa Wesleyan College, Mt. Pleasant, and received his medical degree from University of Iowa College of Medicine, Iowa City. Dr. Davis completed his orthopaedic residency at West Virginia University/Ruby Memorial Hospital, Morgantown. He is a fellow of the American Academy of Orthopaedic Surgeons and a member of the American Medical Association, Florida Medical Association, and Charlotte County Medical Society. Dr. Davis has lectured extensively in his areas of expertise. He enjoys photography, motorcycle riding, and traveling.

Dr. Davis looks forward to meeting the readers of Florida Health Care News and welcomes your questions about joint replacement. To schedule a consultation, please call (941) 613-3800. His office address is 1951-B Tamiami Trail in Port Charlotte.



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