

On Your Knees

By Jena Passut, Special to The Oakland Press
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Kathleen Goch was really excited about getting all gussied up for a charity event at the auto show in Detroit last year. But instead of laughing, dancing and schmoozing, Goch was sidelined by agonizing knee pain. "I was all dressed up, but I had to sit in the lobby," the Bloomfield Hills woman recalls sadly. Years of pain has caught up with Goch and a later injury while climbing sand dunes gave her the push she needed to get something done about it.

"I went to the doctor and said, 'Let's set a surgery date,'" she says.

Goch, 55, who inherited arthritis, was a candidate for total knee replacement surgery on both knees. When knee pain treatments such as anti-inflammatory medications, cortisone injections, and physical therapy fail to improve the pain, doctors often suggest surgery. "If you're not functioning well and you're miserable and your quality of life suffers, then you should consider it," says Dr. Jonathan Schaffer, an orthopaedic surgeon at world-renowned Cleveland Clinic.

The Surgery

Knee replacement surgery involves removing the bone and cartilage on the end of the thigh bone and top of the shin bone and replacing them with a metal and plastic knee implant that functions as a new knee joint. It used to be that people getting knee replacement surgeries were older, often elderly. They would wait until the last possible moment, fearing having to do it again if the prosthesis wore out. According to the American Academy of Orthopedic Surgeons, 379,000 total knee replacement surgeries were performed in the United States in 2001. These days, baby boomers are lining up for replacement procedures. Total knee replacements are the sixth most common surgical procedure for baby boomers. "Projections for total knee replacement are going to be double digit growth for the next 40 years as the population gets older," Schaffer says. "People are more active and they're living longer. I have patients in their 80s who are acting like they're 40."



A New Approach

When Goch's 81-year-old mother had knee replacement surgery a few years ago, her incision was 8 inches long and it took her several months to fully recover.

Goch was apprehensive when it was her turn to replace her knees. "I was scared," she admits. Then she learned about a new procedure that might save her some time and pain – Minimally Invasive Surgery (MIS). MIS uses a smaller incision – only 3 to 4 inches – than the traditional procedure, and the new techniques are thought to have fewer effects on soft tissues and bones. It is what is called a "quad sparing procedure" because less of the quadriceps – the muscles on the front of the thigh – is cut, says Dr. Jeffrey DeClaire, one of a handful of doctors who has devoted much of his practice to the procedure.

After the traditional procedure, he says, "The muscle doesn't want to work right because it has been traumatized." DeClaire practices at Crittenton Hospital Medical Center in Rochester and has performed about 250 MIS procedures in the last year. He belongs to the American Orthopedic Society of Sports Medicine and American Association of Orthopedic Surgeons. He is a consultant for Zimmer Inc. the company that makes the prosthetics and surgical instruments. DeClaire says his patients spend less time on crutches or a walker after MIS. "People are walking the day of the surgery," he says. Typically, a patient who has just had knee surgery spends three to five days in the hospital as an inpatient and then five to 10 days in a rehabilitation unit. With MIS, there is a significant decrease in use of pain medication, a shorter hospital stay and quicker rehabilitative therapy, DeClaire says. "People are going to get better quicker and back to work faster," the doctor says. "There's still a healing process, but now it's expedited."