

Walking Tall Again

PARTIAL IMPLANT PUTS PATIENTS ON THE GO by Julie Jacobs

Arthritis of the knees had plagued John S. for decades. Despite trying an array of medications and enduring series after series of cartilage-restoring injections, John could not find relief. In fact, his condition worsened and was especially painful and disruptive to his life during the past 15 years. He grew progressively bowlegged, which greatly impacted his job as an electrical engineer. "I was working out in the field, where I had to be on my feet for hours at a time," the Kinnelon resident says. "Because of my knees, I'd have to sit down much too often."

In search of a permanent solution, John visited three surgeons, all of whom recommended a full-knee replacement. Then someone suggested he see Gregory Charko, MD, attending orthopedic surgeon at Trinitas Regional Medical Center. After taking and reviewing x-rays, Dr. Charko felt that John was a good candidate for a partial-knee replacement, utilizing the

Oxford* Partial Knee Implant. The day after surgery on his left knee this past October, John was out of the hospital using only a cane for support. Four days after the procedure, he was walking totally unassisted. And just a week afterward, he was back at work.

"I have improved mobility and flexibility, and the discomfort is so minimal, nowhere near to that which I experienced 24/7 for so long," says John, who plans to have his right knee done this spring, and who remains eternally grateful to both Dr. Charko and the Oxford* Partial Knee Implant.

Construction Makes Implant Unique

Developed in Oxford, England, and employed in Europe for two decades now, the Oxford* Partial Knee Implant was approved by the Food and Drug Administration for use in the United States in 2004. It is manufactured by Biomet, a worldwide leader in the

design and manufacture of products for the orthopedic, sports medicine, biologic, craniomaxillofacial and dental markets since 1977, and is unlike any other partial-knee implant.

The Oxford* is a three-part system: a partial metal cap that attaches to the femur (thigh) bone, a metal tray that attaches to the tibia (shin) bone, and a plastic bearing that sits in the middle of the two. The artificial bearing acts as a meniscus, which in a healthy knee absorbs the shock between the femur and tibia when bending the leg.

"With older implants, the plastic is fixed to the tibia and, as a result, tends to wear more quickly over time," notes Dr. Charko, who has been performing partial knee implant surgery for 17 years. "'With the Oxford*, when the knee bends, the femur rolls back on the tibia. There's a gliding, as opposed to the pieces rubbing against one another."



During an evaluation of a potential knee problem, a physical therapist observes a patient as he or she walks. Such evaluations, part of the services offered at

the Trinitas Regional Medical Center Health and Rehabilitation Center, are conducted based on a doctor's referral.



Physical Therapist Valerie Epps measures the extension of the knee of patient Maribel Guerra of Elizabeth who scheduled an evaluation at the Health

and Rehabilitation Center because of knee pain she was experiencing.



By explaining the position and movements of knee ligaments, Valerie Epps informed Maribel Guerra that knee pain can result simply from a sitting position

that may put unnecessary stress on the knee. In such cases, several weeks of physical therapy and adjusting sitting positions normally help to eliminate the pain that may be experienced.

If you need an evaluation or physical therapy, contact Health and Rehabilitation Center at (908) 994-5650 for further information.

Treatment for Long-Term Stability and Mobility of the Knee

Arthritis of the knee typically occurs on the medial, or inside, part of the joint. For patients with arthritis limited to the medial area (as well as a stable anterior cruciate ligament), a partial replacement is the optimal course of surgical treatment. The procedure requires a smaller incision and preserves more of the normal structure of the knee, which includes bone, cartilage and ligaments. Patients experience less pain and greater range of motion than with a total knee replacement. They also recover more rapidly and are back to their usual routine within six to eight weeks, versus three to four months following a full replacement. Physical therapy, likewise, is shorter, taking one month to six weeks instead of two to three months.

The Oxford® system removes 75% less bone and cartilage. Due to the free-floating nature of its construction, it provides for a more natural feeling knee and more closely replicates normal movement. And while the life span of any implant depends on a variety of factors—weight, age and activity level among them—the Oxford® offers unprecedented durability and longevity for partial-knee replacements. Not all patients are candidates for partial knee replacement. Only your orthopedic surgeon can tell you if you're a candidate for joint replacement surgery, and if so, which implant is right for your specific needs. You should discuss your condition and treatment options with your surgeon. The Oxford® Meniscal Partial Knee is intended for use in individuals with osteoarthritis or avascular necrosis limited to the medial compartment of the knee and is intended to be implanted with bone cement. Potential



The Oxford® Meniscal Partial Knee implant.

risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For additional information on the Oxford® knee, including risks and warnings, talk to your surgeon or visit Biomet.com.

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Knee Surgery with Remarkable Results

Since becoming Oxford® certified in January 2008, Dr. Charko has used the partial-knee implant on a half dozen patients to date, with exceptional outcomes in each case. One of his patients, Linden resident Barbara Bobenchik, recovered so well that she was able to dispense completely with physical therapy and was up and about right away.

Barbara, who underwent a full replacement on her right knee in 2005, also performed by Dr. Charko, had suffered with knee pain for as far back as she can remember. "I always had a problem walking. It was terrible and very debilitating. I couldn't even take small steps, and I lived on anti-inflammatory medications," she recalls. "At the time I had the full knee replacement, I was working—I'm now retired—and if I sat too long, it would hurt me. So I was up and down a lot."

When the pain in her left knee grew

unbearable and she felt it was time for surgery, she first turned to the Internet where, coincidentally on her own, she found and researched the Oxford®. She then met with Dr. Charko and asked if she was a candidate for a partial replacement with the device. Following her procedure in May 2008, Barbara began a newly mobile life.

"My recovery was excellent, truly miraculous. I got out of bed the very next day and had no problems. I didn't have to use a cane or have physical therapy. I could feel that I was doing great," she says. "Six months later, I'm still feeling wonderful and I'm walking every day. It's unbelievable. Dr. Charko did a marvelous job."

For his part, Dr. Charko looks forward to scheduling partial-knee replacements on an outpatient basis, doing the surgery first thing in the morning and releasing patients by nighttime, provided they are not in any pain. What will stay the same is his implant of choice. "There's no going back," he declares. "When I have to do a partial-knee replacement, it's going to be with the Oxford® system." ▲

Julie Jacobs is a New Jersey-based freelance writer/editor. She owns Wynne Communications, an editorial consulting firm.

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While the patient in this story is a true recipient of the Oxford™ knee, his/her results are not necessarily typical, indicative, or representative of all partial knee patients. The Oxford™ knee has been used successfully in achieving restored mobility to many patients. However, as with any implanted device, there are factors affecting performance which ultimately result in variable outcomes, including levels of mobility and pain. These factors include, but are not limited to, the patient's pre and post-operative health conditions, weight, activity level, and adherence to instructions regarding the use of the knee. Due to these variables, it is not possible to predict specific results or patient satisfaction.

The Oxford™ Partial Knee is intended for use in individuals with osteoarthritis or avascular necrosis limited to the medial compartment of the knee and is intended to be implanted with bone cement. Potential risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For additional information on the Oxford™ knee, including risks and warnings, talk to your surgeon and see the full patient risk information on biomet.com.