

# WHAT'S BEING SAID ABOUT PARTIAL KNEE REPLACEMENTS?

In 2005 Sharon Anderson was suffering with a problem in her right knee. "I read about Dr. Davis and the partial knee replacement in *Florida Health Care News*," Sharon remembers vividly.

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 Chicago, where he is a surgeon trainer for multiple surgical techniques at the American Academy of Orthopaedic Surgeons. Dr. Davis was also recognized by *Gulf Shore Life Magazine* in both 2005 and 2006 as one of the top orthopedic surgeons in southwest Florida.

"The procedure sounded compelling, so that April I scheduled an appointment with Dr. Davis," recounts Sharon.

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



Sharon says the best exercise she does for her knee is walking.

Within one month of surgery, Sharon was up on a ladder reaching for her mischievous kitten.

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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.

"I recommended that Sharon have a partial or unicompartmental knee replacement, or UKA, also known as the Oxford unicompartmental knee replacement," explains the surgeon. "A UKA relieves the patient's pain and restores both the correct alignment and motion of the knee joint."

The 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.



## 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.

"Partial knee replacement is an early treatment option," stresses Dr. Davis. "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."

If, down the road, additional osteoarthritis warrants a total knee replacement, that option is still open to UKA patients.

## Marvelous surgery

"I am a snowbird from Clear Lake, Iowa," explains Sharon, "and my husband and I were heading up north for the summer. Because Dr. Davis could not schedule me in before our travel date, instead I went to a world-renowned clinic in Minnesota. Unfortunately for me, they did not offer the partial knee replacement, and so I had a full knee replacement instead."

"For me, the recovery was terrible. It was more than five months of pure misery, so when my left knee began giving me problems in 2006, I waited until we got back down to Florida and then scheduled another appointment with Dr. Davis."

He performed a partial knee replacement on Sharon's left knee in February 2007.

"It's a marvelous surgery," emphasizes Sharon. "Every single day I could feel it getting better — I could reach further and bend more. It was like night and day compared to the total knee replacement I had on my right knee. After five weeks, my right knee felt no better. I was so disillusioned and depressed."

"I know some people do not qualify for the partial knee replacement, but for those who do there is no comparison."

"Sharon's results for her partial knee replacement are typical," reports Dr. Davis. "However, even though studies do show that total knee replacements characteristically require three times longer to heal than do partial knee replacements, the healing process for her TKA was more problematic than is typically experienced."

"I simply cannot believe the speedy recovery with the partial," marvels Sharon. "Within just one month I was up on ladders and maintaining an acre of lawn, plus my scar was almost gone."

"It's a marvelous surgery." FHCN—Kris Kline

## Here for you

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.



Mark J. Davis, MD, FAAOS, P.A.

## MEET THE EXPERT

As the field of orthopedics leans progressively more toward specialization, today knee and hip joint replacements are helping people of all ages live pain-free, active lives. To learn more about this trend, *Florida Health Care News* turns to Dr. Davis.

## FAQs

**Dr. Davis, we read that orthopedics covers a broad spectrum of specialties. Will you explain?** Orthopedics offers a variety of specialties and subspecialties among its disciplines. Some of those include knee and hip replacement, arthroscopic surgery, complex fracture repairs, hand treatment and surgery, treatment of spinal disorders, treatment of ankle and foot disorders, microsurgery, sports medicine, and physical and occupational therapies.

**As an orthopedic surgeon, do you have a subspecialty?** My practice has always focused on diseases of the knee and hip and on replacements of those joints. There are significant differences in orthopedists. Whereas I treat joints, another orthopedist might be concerned with spines; although our practices are worlds apart, we are both considered orthopedic surgeons.

**Is there a benefit to the patient in choosing a physician with a subspecialty?** Absolutely. Patients should understand that 60 percent of all joint replacements performed in the United States are done by doctors who do less than 25 a year. Yet research demonstrates that the more experience a person has at performing a specific task, the more proficient they will be, resulting in better outcomes. That is why I do not treat backs or hands or feet. My practice is focused 100 percent on the knee and hip.

**Dr. Davis, I understand that you have extensive, well-recognized, and prestigious fellowship training in knee and hip replacement. Would you please expand on that?** My additional fellowship training took place at Anderson Orthopaedic Clinic, where I trained with Dr. Charles A. Engh, Sr., the first orthopedic surgeon in the United States to implant a hip without cement.

**So you actually trained with the inventor of the first porous-coated cementless hip?** Yes, he invented the hip that is now the standard of care in the United States.

**Impressive. Have you worked with any other physicians whose names we might recognize?** I've worked with Dr. John Repicci, who is considered the father of minimally invasive partial knee replacement. The procedure, called the Repicci II, is performed through a very small incision, designed to remove as little bone from the knee as possible. I performed the first minimally invasive joint replacement surgery done in Southwest Florida in 2001. Since that time, due to the number of these surgeries I was doing and the number of successful outcomes my patients were enjoying, I was selected to help teach the procedure side by side with Dr. Repicci in Chicago at the American Academy of Orthopaedic Surgeons. I've now taught approximately seven courses at the orthopedic learning center.

**Have there been any new developments in the field since 2001?** 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, although it has been used throughout Europe for more than two decades with outstanding outcomes.

**What is the benefit of the Oxford?** It is a *mobile-bearing* knee system. The plastic bearing slides, allowing the artificial knee joint to move. The implant's outcomes and longevity are far superior to anything else out there on the market.

**Do you offer the Oxford to your patients?** Yes. The FDA requires that only physicians who have actually trained with other physicians experienced with the Oxford surgical procedure be allowed to perform the surgery. Because of the number of successful Repicciis I was performing, Biomet invited me to go to Oxford, England, as one of the first 13 physicians in the United States to train to do the Oxford procedure. I went and learned the technique, which is a very technically challenging procedure, and I have been offering it to qualified patients now for approximately one and a half years. I also teach the course throughout the country.

**Along with teaching the Repicci and the Oxford unicompartmental knee system, do you teach any other courses?** I am very active in patient education and rapid recovery for patients after surgery. I spend a significant amount of time developing programs that help patients advance through recovery and was recently invited to speak at a national meeting for joint academy. I helped teach a course in San Diego on how to implement and maintain a joint academy, which is part of rapid patient recovery.

**Dr. Davis, you were recognized by Gulf Shore Life Magazine in both 2005 and 2006 as one of the top orthopedic surgeons in southwest Florida. What can you tell us about this distinction?** Each year a publisher, Castle Connolly, generates a list of America's top doctors and publishes it in a consumer health-care referral book. *Gulf Shore Life Magazine* purchases the list of the top doctors from this region and prints it yearly. In 2005 I was listed as one of the top three orthopedic surgeons in Southwest Florida, and in 2006 I was listed as one of the top four. The other three physicians listed have practices in Naples.

I consider the inclusion quite an honor.

This interview with Dr. Davis was conducted by Kris Kline, a staff writer at Florida Health Care News.

Dr. Davis is among America's top doctors as listed by Castle Connolly Medical Ltd. guide.

