

# Knee pain resolved with rotating platform knee

“I was a tomboy,” remembers Florida native Carol Osborne. “Combine that with a history of arthritis in the family, and my knees were, unfortunately, the first thing to go.”

The pain of osteoarthritis grew over time, causing her considerable trouble.

“It’s a pain that just doesn’t go away,” she says. “It got to the point where I spent most of my time sitting on the couch. Going up and down stairs was hard, and if I stood and did the dishes, I’d have to sit down. I couldn’t bend because my knees just hurt. I couldn’t go out and do my gardening like I did before.”



Mark W. Hollmann, MD

Carol participated in a clinical trial for pain medication, but that didn’t work out, either.

“Unfortunately, I was part of the group who got the placebo,” she says with a chuckle. “At least I got x-rays done!”

## The solution

Eventually, Carol was referred to Mark W. Hollmann, MD, a board-certified, fellowship-trained orthopaedic surgeon with Florida Orthopaedic Associates. Dr. Hollmann explains what happens to cartilage that wears away like Carol’s had.

“In weight-bearing joints like the hip or knee, cartilage between the bones acts as a shock absorber. When the cartilage is damaged as a result of injury, osteoarthritis, or simple wear and tear, the roughened surface prevents smooth joint movement, and the patient experiences pain.”

In advanced stages the cartilage may wear away completely, allowing bones to grind against each other, resulting in inflammation, severe pain, and restricted movement.

When a patient arrives at his office complaining of joint pain, Dr. Hollmann performs a thorough examination of the patient, including any necessary diagnostic studies such as x-rays or an MRI.

“These tests help to identify what’s wrong. Then we choose the best way to relieve pain and restore function, beginning with the most conservative measures,” says Dr. Hollmann.

Some patients respond favorably to new medications that lubricate the joint or to traditional nonsurgical treatments such as joint protection, physical therapy, cortisone shots, and anti-inflammatory medications.

If conservative treatments are successful, knee replacement surgery may be delayed or avoided completely. Sometimes, however, conservative measures are not enough to relieve pain and restore function, and the patient is no longer able to enjoy regular activities. A knee joint replacement may be the best solution.

“For patients as young as Carol, knee replacement surgery is a last resort,” emphasizes Dr. Hollmann. “For example, we can do cartilage transplants. That was not an option for Carol, due to the level of osteoarthritis in the knee.”

Dr. Hollmann advises that total knee replacement candidates should keep two critical things in mind. First, the patient should be comfortable with the surgeon’s experience: Dr. Hollmann performs around 300 joint replacement surgeries per year. Second, candidates should know the care they will receive after the surgery takes place. Florida Orthopaedic Associates takes a team approach to knee replacement surgery, including the assistance of a full-time physician’s assistant before, during, and after the procedure. Patients are typically walking on the new joint the day after surgery, with the aid of a walker.

Dr. Hollmann notes that the latest technology makes this procedure a predictable one.

“We use a prosthesis made by DePuy, a Johnson & Johnson company, which has a rotating base on the tibia [shinbone], and it’s been providing our patients with fantastic results,” he adds. “We think the rotating platform may also improve longevity.”

“We have 20-year data on rotating type knees that show over 90 percent survivability, so patients can anticipate a knee replacement prosthesis lasting at least 20 years.”



Mark W. Hollmann, MD, completed his undergraduate studies at Southern Methodist University, Dallas, TX, and earned his medical degree from the University of Texas Health Science Center at Dallas Southwestern Medical School. After completing his internship and residency at the University Hospital, University of Florida, Jacksonville, he was awarded a fellowship from the Jewett Orthopaedic Clinic, Winter Park, FL. Dr. Hollmann is a fellow of the American Academy of Orthopaedic Surgeons and a member of the American Board of Orthopaedic Surgeons.

## Back to activities

“I had my right knee done in 2004, and my left knee in 2005,” says Carol. “When I went for my six month follow-up, my left knee was doing great, and my right knee has been fine for quite a while.”

As expected, the procedures have provided her with a considerable amount of pain relief.

“It’s nothing like before,” she assures. “I can stand up at work without any help and without needing to sit down. Before, I couldn’t walk around the block. I can do that now. I used to be bow-legged, and now I’m not: My knees touch, and they never did before.”

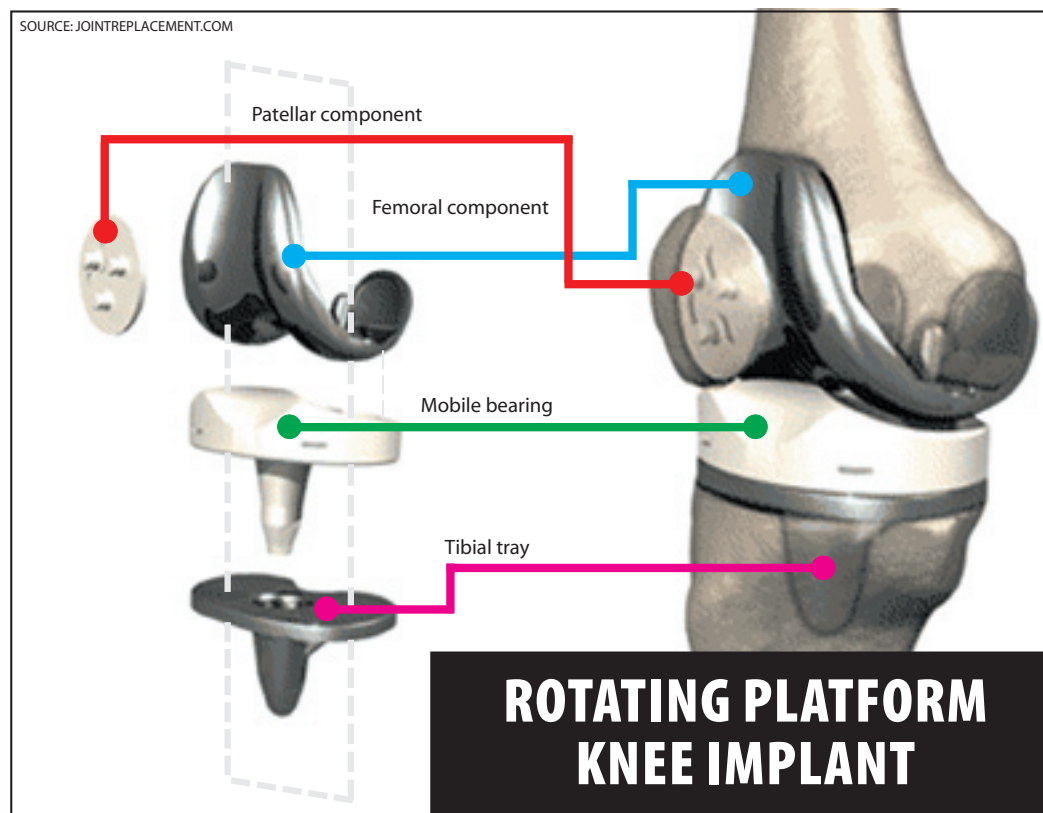
“Getting back to work, being able to do things around the house I’d had to put on hold because they hurt too much, getting out in the garden again, driving again — those are the biggest things.”

She records her thanks to Dr. Hollmann and the staff of Florida Orthopaedic Associates.

“I just love Dr. Hollmann. He’s the nicest man: He listens to me, and he’s got a wonderful bedside manner. He’s extremely busy, but he makes time for each one of his patients. He always came by my room to see how I was doing.”

“I’m very grateful.” **FHCN**—Michael J. Sabno

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## WHAT IS MINIMALLY INVASIVE TOTAL KNEE REPLACEMENT?

Minimally invasive surgery has typically involved performing arthroscopic or endoscopic surgery through small holes while visualizing the procedure through a small camera. Recently, a number of orthopaedic companies have begun advertising minimally invasive total knee replacement.

Dr. Hollmann explains that total joint surgery cannot be done arthroscopically due to the size of the implants. The idea behind minimally invasive total joint surgery is to minimize tissue damage and to shorten the incision while still using proven implants. “Though we can now do a total knee through a five-inch incision, this is dependent on the patient and the amount of deformity involved,” he explains. “We customize each incision and approach to each patient’s size and anatomy.”

“The long-term success rate of total knee surgery is based on accurate alignment; a knee that is not placed correctly will have a much higher failure rate. We have smaller cutting blocks that allow us to minimize the incision as much as possible. However, I will not sacrifice a correctly placed knee to save an inch of incision.”

Another advance in knee replacement surgery involves newer techniques for postoperative pain management. This can involve extended pain relief from spinal blocks or nerve blocks. “When these are combined with an aggressive physical therapy program patients are able to be rehabilitated quicker,” notes Dr. Hollmann. “Florida Hospital DeLand has a total joint program that is staffed by nurses and therapists with many years of experience in taking care of total joint patients.”

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