

## Quadriceps-sparing total knee replacements

**Karen Seims** is a woman on the go. Working for the Seattle Visitors & Convention Bureau and sewing for weekend craft fairs, she has little time to be laid up on the couch recovering from knee surgery. But, when physical therapy and cortisone shots no longer offered Karen relief from the pain that made her limp, she decided it was time to see **Dr. Seth Leopold** at UW Medical Center about minimally invasive quadriceps-sparing knee replacement surgery.



Dr. Seth Leopold

“Karen had arthritis throughout her knee, not just in one area,” says Dr. Leopold, UW associate professor of orthopaedics and sports medicine. “In that setting, arthroscopy or a partial knee replacement would only have afforded partial relief, so they were not good options. In patients with arthritis throughout the knee, like Mrs. Seims, total knee replacement is the option of choice.”

Osteoarthritis, which is sometimes called degenerative joint disease, is most commonly a chronic condition that is only sometimes attributable to a single injury. Karen has always been physically active, and she had been an avid skier. Over time, the wear and tear on her joint may have contributed to the arthritis that eventually developed in her knee.

It was after a consultation with Dr. Leopold about her knee that Karen read an article about the minimally invasive quadriceps-sparing approach and was interested in finding out if she was a candidate for such a technique.

The quadriceps-sparing approach uses minimally invasive instrumentation and typically employs a four-inch incision, versus an 8 to 10-inch incision of traditional knee replacement surgery. “It is an exciting new technique that we use to insert a tried-and-true total knee replacement implant,” says Dr. Leopold.

Although knee replacement is still major surgery no matter what technique is used, the quadriceps-sparing approach seems to be less traumatic on the muscles and tissues around the knee and therefore may permit faster healing and less down-time. Post-operative pain is generally less with this approach, and muscle strength returns more quickly.

Just one week after surgery, Karen had no problem getting around with a cane. If she’d had traditional knee replacement surgery, she’d almost certainly require the help of a walker for the better part of a month.

Good candidates for quadriceps-sparing knee replacement surgery have knee

arthritis that has failed to respond to appropriate non-surgical approaches, are of relatively normal body weight, have little deformity around the knee (like knock-knees or bowlegs), and have good bone quality.

Less invasive hip replacement surgery is also performed at UW Medical Center by **Dr. John M. Clark**, UW associate professor of orthopaedics and sports medicine.

**For more information or to schedule a consultation about minimally invasive quadriceps-sparing knee replacement surgery, please call the Bone & Joint Center at 206-598-0685 or the Eastside Specialty Center at 425-646-7777.**

**More information is available online at [www.orthop.washington.edu/quadsparing](http://www.orthop.washington.edu/quadsparing)**



**Ten days after the total knee replacement surgery, Karen had no problem getting around with a cane.**