



*Minimally  
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replacement  
surgery  
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the bow in  
Brian Panush's  
right leg.*

# Swinging with a new knee

**Brian Panush** figured his knee pain was just the luck of the draw. What he had was arthritis.

“My brother had the same bone-on-bone pain in his knee that I did,” says Panush, who also spent 20 years working on his feet with only a rubber mat between him and a concrete floor.

As a result of his arthritis, Panush’s knee bowed inwards, the result of the loss of cartilage on the inside part of the knee joint. This progressive mal-alignment continued as his arthritis grew more severe.

“A friend who had minimally invasive knee replacement surgery told me how great he was feeling. He was out on his feet in a week!” Panush says. “So I made an appointment to see his surgeon, **Dr. Seth Leopold**.”

Leopold, a UW associate professor of orthopaedics & sports medicine, sees patients at UW Medical Center and at the UW Medicine Eastside Specialty Center, a convenient clinic location for people who live on the Eastside.

“He took some X-rays and we discussed cortisone shots to start with,” Panush says. “But they wore off in a week. The pain was waking me up at night. So I decided to go for the surgery. But there was a catch. I was playing in a golf tournament in four weeks. ‘Will I still be able to play golf?’ I asked.”

Arthritis can be caused by environmental factors, such as trauma or obesity; some arthritis is hereditary, that is, inherited genetically. Frequently though, it isn’t possible to tell what caused arthritis in a particular patient.

In most cases of arthritis, the first line of therapy isn’t surgery. “Most of the time, we try several options to relieve symptoms: corticosteroid injections, anti-inflammatories (like Advil, Aleve, or Celebrex), non-narcotic painkillers (like Tylenol), arthritis braces, joint lubricant injections, or activity modifications,” says **Dan Stamper**, a physician assistant with subspecialty expertise in arthritis and arthritis surgery, who works in tandem with Leopold.

When the patient doesn’t get sufficient relief, surgery is the next line of treatment to consider. In April 2005, Leopold performed a minimally invasive knee replacement, giving Panush a new right knee.

Because it is a quadriceps-sparing approach, Leopold believes this surgical technique is one important reason why patients like Panush recover so quickly.

“It allows us to insert the same reliable implants we’ve always used, but in a way that is gentler to the tissues around the knee,” he says. “Specifically, we no longer need to divide the important quadriceps (thigh) tendon, or rotate the kneecap to see into the knee. And, we don’t have to pull as hard (dislocate) on the joint itself.”

These changes appear to make the recovery faster, the post-operative pain disappear more quickly, the hospital stay shorter, and the patient’s return to activities earlier.

“I’ve done well over 300 procedures for over two years this way,” says Leopold. “In fact, I do nearly all of my knee replacements this way now.”

Panush’s knee replacement was a success and he was able to play in that golf tournament four weeks later. Nine of out 10 knee replacements will last longer than 10 years, so there will be plenty of golf games ahead for him, as well.

**For more information about minimally invasive knee replacement surgery, go to [www.orthop.washington.edu/quadsparing](http://www.orthop.washington.edu/quadsparing) or call the Bone & Joint Surgery Center, 206-598-4288 or the UW Medicine Eastside Specialty Center at 425-646-7777.**



Dan Stamper, PA-C (left), and Seth Leopold, M.D.

## Surgical team expands

### **Dr. Paul Manner joins UWMC this summer.**

He graduated from Tufts University and the New England Conservatory of Music, pursuing a double degree in clarinet performance and biology. He then went to McGill University in Montreal for medical school and remained for his residency in orthopaedics. Fellowship training in adult reconstruction and arthroplasty followed at the University of Pittsburgh.

For the last five years, Manner has pursued his research interests in cartilage biology and tissue engineering at the National Institute of Arthritis, Musculoskeletal and Skin Diseases, which is one part of the National Institutes of Health (NIH). His research interests include the use of adult stem cells and tissue engineering to create a biologic joint replacement; research he will continue with at UWMC in collaboration with the scientists at the NIH as well as at the UW.



Dr. Paul Manner