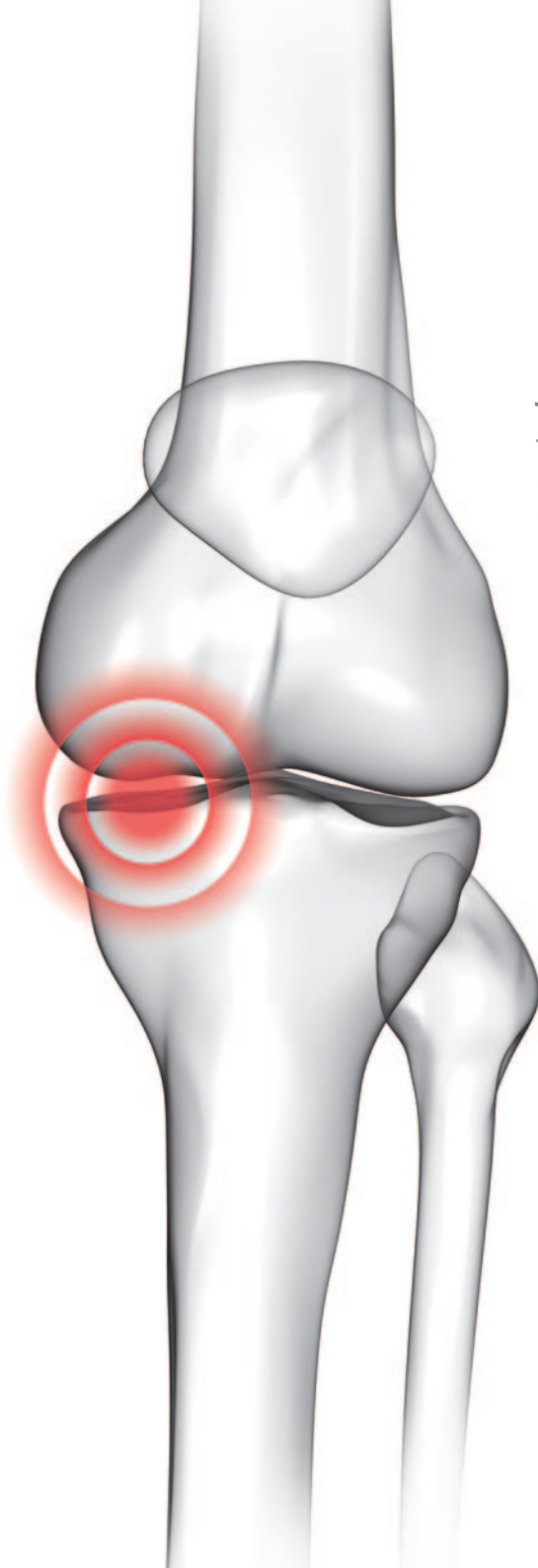


PATIENT INFORMATION

Joint-preservation surgery
for osteoarthritis of the
knee





Foreword	4
What is corrective osteotomy?	5
The implant	6
The procedure	7
• Before surgery	7
• Chronology	7
• After surgery	8
Explanations concerning your surgery	10
• Corrective osteotomy for bowlegs	10
• Corrective osteotomy for knock-knees	11

Foreword

Dear patient,

We consider moving without pain to be a normal state of affairs. The situation changes when our joints no longer work in an optimal way and start to cause us pain. Our daily routine can change significantly if pain means that our lifestyles are restricted and we feel that our quality of life is reduced. This may be due to a unilateral osteoarthritis of the knee joint. Unilateral osteoarthritis of the knee joint is often caused by overloading of the cartilage in the joint. Abnormal axial alignment plays an important role in the overloading of joint cartilage. Where the leg is bowed outwards, the inner part of the knee joint is overloaded, when the knees are bowed inwards, the outer part of the knee joint is overloaded. In this case it may be sensible to consider correction of the axial alignment.

► **Caution**

This brochure is designed to provide information about the possibilities afforded by corrective osteotomy. It is important for us to stress, however, that this information cannot replace a personal discussion with your doctor, nor should it. Only your doctor can respond to you as an individual, answer your questions and clarify your particular opportunities and risks. This brochure is intended to support the personal discussion with your doctor.

In this way we hope that we can help you on your way to a pain-free future.

Your aap Implantate AG Team

What is corrective osteotomy?

Corrective osteotomy is a tried and tested surgical procedure in which bowlegs and knock-knees can be corrected so that the joint cartilage is no longer under stress. Various scientific studies have shown that surgery such as this can make joint replacement superfluous or at least delay this type of surgery by several years. This procedure is also suitable for protecting regenerated cartilage (e.g. after a cartilage transplant). This procedure may also be suitable for instabilities or kneecap problems.

Indications for a corrective osteotomy in the knee joint area:

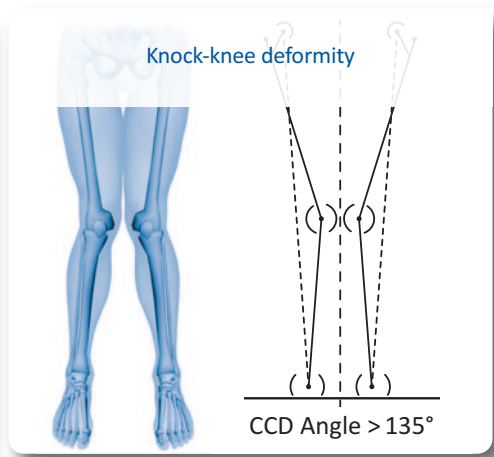
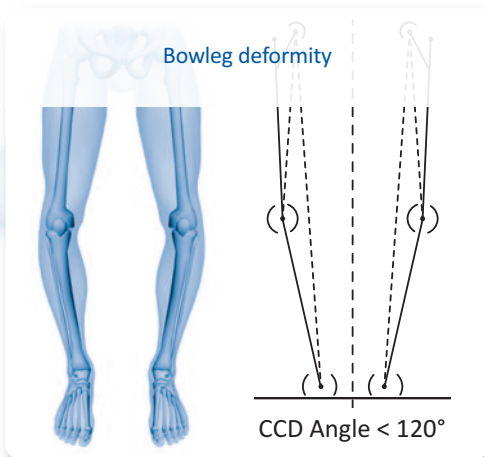
- Unilateral osteoarthritis of the knee with and without cartilage transplantation
- Instabilities
- Kneecap problems

Is there an age limit?

There is no specific age limit for corrective osteotomy. The surgery is particularly suited to patients under 65 years of age to prevent joint replacement.

How is the procedure performed?

Depending on the axial alignment, corrective osteotomy can be performed on the upper or lower leg. The bone is partially cut through from one side and spread out until the desired correction is achieved (bowleg correction). In the case of a knock-knee correction, a wedge of bone is removed and correction enabled by closing the gap. The bone is then stabilized with a titanium plate.



The implant

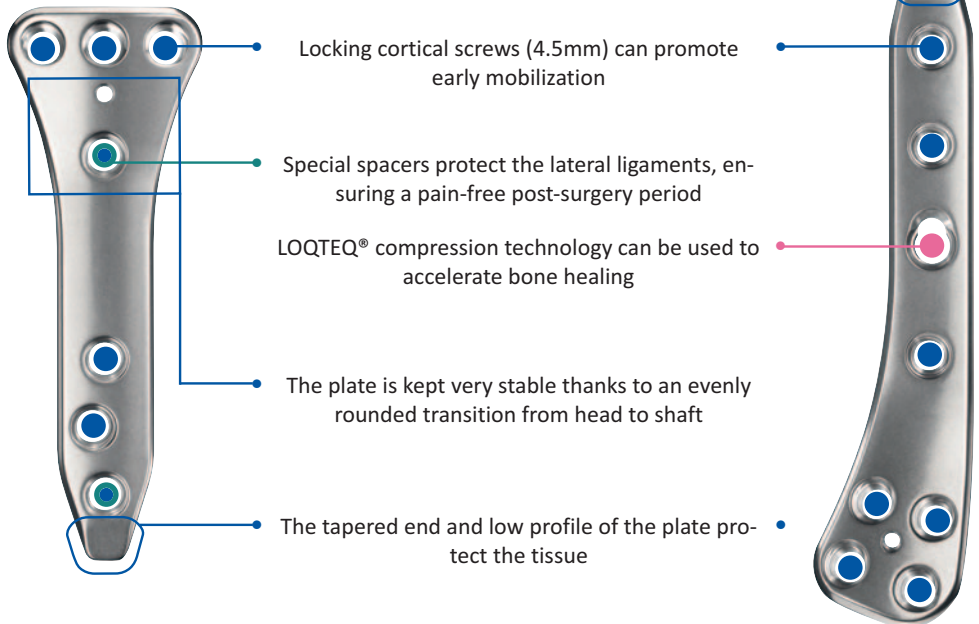
There are various models of osteotomy plates. The doctor treating you will decide which implant is best suited to your procedure. The important thing is that it is a very stable implant that can contribute to the safe healing of the bone. This is the only way to enable early weight bearing.

The implant is mostly made of a titanium alloy. Speak to your doctor to find the best implant for you.

Features & advantages

- The anatomical plate design minimizes the need for intraoperative plate contouring. This makes the plate sufficiently stable.
- Holes in the plate filled with locking cortical screws contribute to increased stability, enabling early mobilization.
- Minor contact undercuts maintain the blood supply to the bone, which supports the healing process.

LOQTEQ® Osteotomy Plates



The procedure

Before surgery

The indication for this surgery is made on the basis of your symptoms and X-ray and MRI images. Before you undergo surgery, all risks must be minimized as far as possible. This also means that any illnesses must be suitably controlled with medication. Allergies must be known in particular before the decision is made. It is extremely important and in your own interest that you tell your doctor about all illnesses you are aware of.

Correction planning

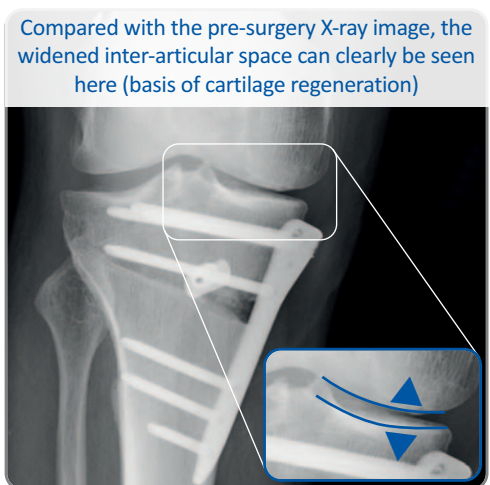
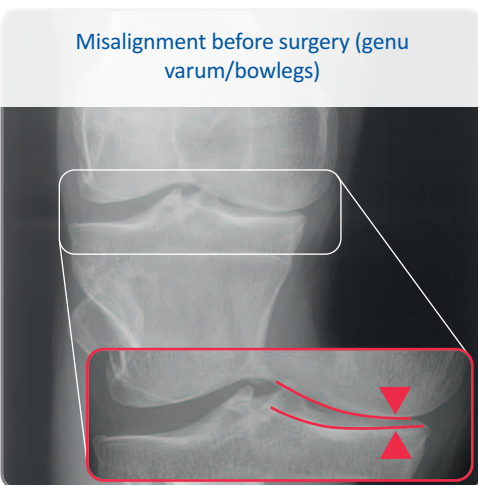
Your surgeon will plan the extent of correction based on X-rays on the computer. It may be necessary to have new images taken in the operating clinic even if images are already available.

Chronology

- Operation: approx. 60-90 minutes.
- Post-operative examination: after approx. 2 weeks. The staples or sutures will then be removed to assess the initial results.
- Full weight-bearing: after approx. 6 weeks.

The recovery period depends on a variety of factors, such as extent of correction and possible additional procedures, for example cartilage replacement. Time until full weight-bearing can often be reduced to 2 weeks by the use of a stable implant. After this time you will be able to walk without a support.

Complete bone healing may take several months. However, weight can be put on the knee as normal during this period.



The procedure

After surgery

As soon as the anesthetic has worn off, you may stand up accompanied. Over the next few days, a physiotherapist should practice walking with supports and start movement exercises.

Your doctor will tell you when and how much you may move after surgery. Please comply with his instructions.

The success of surgery depends significantly on follow-up treatment, and of course also on your cooperation. As in the choice of implant, the critical thing here is that your rehabilitation measures are suitable. Often outpatient physiotherapy is sufficient to regain normal movement and muscle strength.

After surgery, pain may develop temporarily in the region of the stabilizing implant. This is normal and usually improves after a few weeks or months.

Prophylactic thrombosis medication (“abdominal injections”) will be necessary throughout the time you are not fully weight-bearing.

The sutures or staples can be removed after approx. 12 days.

What you should avoid doing in the months following surgery

Axial alignment correction is a larger surgical procedure which requires a certain amount of care in the months afterwards.

You should (temporarily) avoid the following:

- All types of sport that involve jerky or high-impact movements (football, handball, downhill skiing, jogging, etc.)
- Heavy physical work
- Long periods of sitting or lying down

Will it be possible to do sport again in the future?

All types of sport that you did before surgery will be possible again in the long term (including skiing and ballgames). However, in more serious cases of osteoarthritis of the knee or very pronounced cartilage damage, only sports that protect the knees should be chosen. Your surgeon knows your knee best. He will be able to help you choose suitable sports.

Implant removal

Implant removal is optional, it is not strictly necessary to remove it. As a rule, implants may be removed after approx. one year. A follow-up examination and a personal discussion with your doctor may help you to make your decision.

Does the implant set off alarms at the airport?

The implant can of course be identified by metal detectors.

It is good and important for you to move

The fact that you have the surgery behind you and have to be careful does not mean that you shouldn't move, quite the contrary! The following may be helpful to you:

- Swimming – as soon as the wound is healed, but exercise caution with the breaststroke kick
- Walks – with solid and comfortable footwear on good, solid paths
- Cycling – on flat routes

Important: You must ask your doctor. If you have not cycled before, now is certainly not the time to start! If you have always done long hikes, and you feel well, you can certainly start walking more than just a few hundred meters. Do not force yourself and if in doubt exercise with caution. Speak to your doctor if you have any questions. Attend the follow-up appointments so that any problems that arise can be identified at an early stage. Because you're worth it! We hope that, thanks to the osteotomy, you will again live an enjoyable life, and ideally you forget about the fact that you are wearing an implant.

All the best!

Your aap Implantate AG Team

This brochure was presented to you by:

More information available at
www.aap.de

Information for Patients

Kindly supported by
Martin-Luther-Hospital Berlin

This brochure is not intended for
the United States of American.



aap Implantate AG

Lorenzweg 5 • 12099 Berlin
Germany

Phone +49 30 75019-0

Fax +49 30 75019-111

customer.service@aap.de
www.aap.de



(01)04042409421488(10)1912
WP 4PB080 EN / 1912