

F R E E D O M[®]



K N E E



Knee Replacement Surgery Introduction & Preparation





BENEFITS OF THE FREEDOM KNEE®

The Freedom Knee is designed to help you return to an active lifestyle. The extensive component size selection means that the implants used will have the best fit, close to the shape of your knee, which is important for long-term durability. The Freedom Knee design allows for the natural bending motion needed to perform your daily activities in safety and comfort.

The contents of this guide with regards to preparing for your surgery, the items that might be used during surgery, the surgery itself and recovery has been written by Maxx Orthopedics, Inc. the manufacturer of the Freedom Total Knee® System. The information contained in this brochure is not medical advice and should not be interpreted or construed as or relied upon as medical advice. You should not use the information contained herein for diagnosing or treating any medical condition. Rather, you should consult your physician or other medical professional for medical advice. We strongly recommend that you review this information with your orthopedic surgeon.

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K N E E

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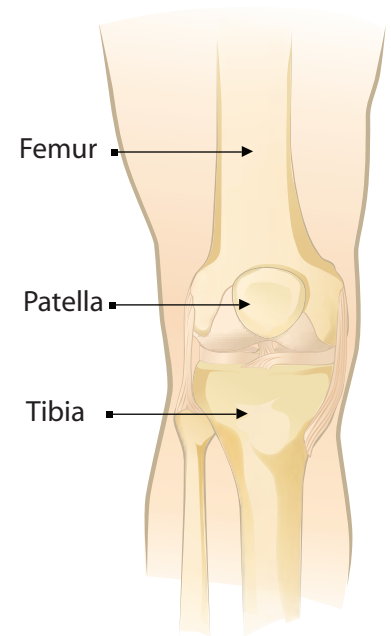
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INTRODUCTION

Knee pain can limit your movement and change the way you perform daily activities. Recent advances in the procedure of total knee replacement surgery (or total knee arthroplasty) can help restore the function in your knee so that you can perform daily activities, especially those which require knee bending, in a more comfortable manner. This brochure will help you understand the basics of what happens before, during and after knee replacement surgery, as well as give you a brief background on the Freedom Knee® and how it works to help restore your knee function.

OVERVIEW OF KNEE REPLACEMENT SURGERY

Knee replacement surgery involves taking a portion of the bones of the thigh (femur), knee cap (patella), and lower leg (tibia) that have been damaged from disease (such as arthritis) or wear and replacing them with artificial components made of metal and plastic (prostheses). These prosthetic devices will reduce the pain that you have been experiencing due to natural bone damage. Your “soft tissue,” which includes the muscles and ligaments that surround the knee joint, will continue to function as before your surgery to provide support, motion and stability to your knee.

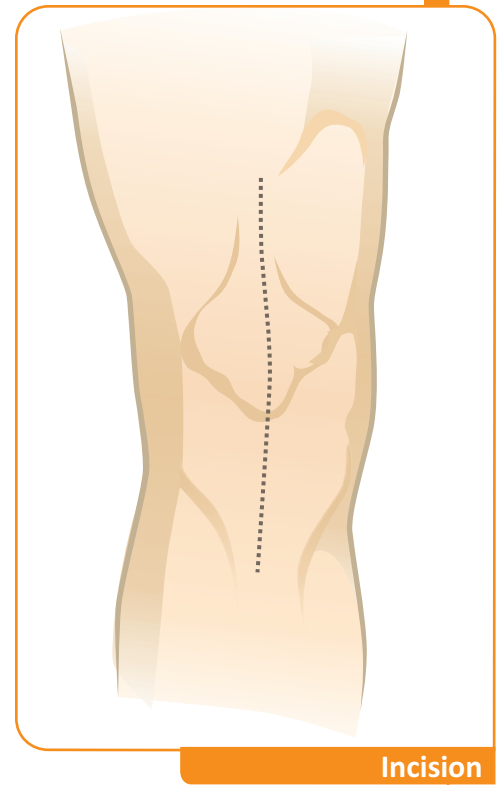


Knee Anatomy

ANESTHESIA

Anesthesia is given for most types of surgical procedures. Before surgery, you may receive general, epidural or spinal anesthesia using one or more drugs called anesthetics which work to temporarily eliminate sensation or feeling during the surgery.

General anesthesia involves receiving anesthetics to keep you temporarily unconscious during the surgery. Epidural anesthesia is a form of local anesthesia where anesthetics are delivered via a tube (catheter) that is inserted into a space surrounding (but not within) your spinal cord to temporarily remove feeling in your legs during the surgery. Spinal anesthesia is a form of local anesthesia which involves using a needle to inject anesthetic drugs into your spinal cord to temporarily remove feeling in your legs during the surgery. Although rare, some patients have problems related to anesthesia, which include reactions to anesthetics, complications when combining the anesthesia procedure with other medications taken by the patient, or complications when combining the anesthesia procedure with other medical conditions the patient may already have. It is very important to discuss these and other risks as well as any other questions you may have with the anesthesiologist before your surgery.



Incision

SURGERY

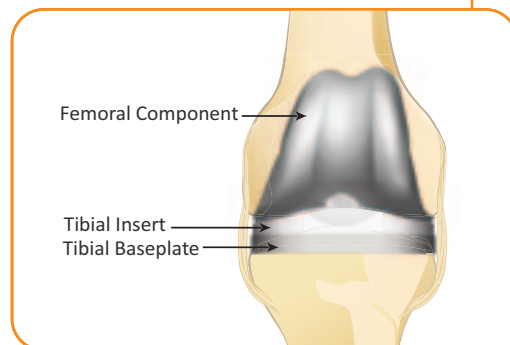
The entire procedure is done under the strictest adherence to sterile (aseptic) techniques and principles to prevent the possibility of infection. Once your skin is properly prepared the surgeon will make an incision to provide access to the knee joint.

The first exposure will be to the knee cap (patella), which is moved to the side to enable the surgeon to access the bones of the knee joint (the femur and the tibia). The surgeon will use specialized instrumentation to guide and enable the precise removal of the portion of bone being replaced, and to ensure proper fit, alignment and orientation of the prosthetic knee that will be implanted into the bones.

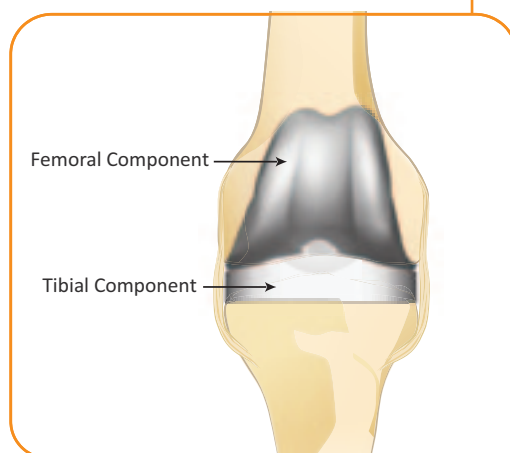
Once the preparation of the femur and tibia is complete, trial implants are used to ensure that the knee joint is working to its optimal capacity. At this point, the surgeon will determine if it is necessary to resurface a portion of the patella.

The placement of the prostheses begins when the femoral (thigh) component is anchored into the femur by using special bone cement. Next, a metal baseplate is placed along the top surface of the tibia via a metal stem inserted into the bone and held in place with bone cement. A polyethylene insert that is best suited for your knee is then inserted on top of this metal baseplate to reduce friction when you move. Alternatively, your surgeon may elect to use a one-piece polyethylene tibial component that is implanted in a similar manner.

Finally, if necessary, a patellar component is cemented to the back of your patella, which is then folded back into place. The incision is closed using stitches or staples. A drain to help remove any post-operative bleeding may be placed as necessary, and your knee will be bandaged to keep the area covered.



Prosthetic Placement with Metal-Backed Tibial Component



Prosthetic Placement with Polyethylene Tibial Component

PREPARING YOUR BODY FOR SURGERY

- You will be required to stop taking certain medications and supplements at specific times before your surgery. The following chart presents recommendations on which drugs need to be stopped and when they need to be stopped. Follow the instructions of your orthopedic surgeon and primary care physician:

NUMBER OF DAYS BEFORE SURGERY	STOP TAKING
50 DAYS BEFORE SURGERY	Acetaminophen, ibuprofen or any other non-steroidal anti-inflammatory drugs
7 DAYS BEFORE SURGERY	Herbal supplements
5 DAYS BEFORE SURGERY	Blood thinners
4 TO 5 DAYS BEFORE SURGERY	Aspirin

- Continue to take your daily medication for high blood pressure, thyroid, seizure and heart. If you are taking medications on a regular basis, check with your physician to see if you can take them with a small sip of water the morning of surgery.
- If you are on diabetic medication or water pills, check with your physician and orthopedic surgeon for instructions.
- Nothing to eat or drink after midnight the day of surgery. No food, water, gum chewing or smoking.
- You can brush your teeth and use mouthwash as usual.
- If you develop a cold, cough, bronchitis or fever, or if you need extensive dental work a week before surgery, notify your orthopedic surgeon.
- You should take a bath or shower, using soap, before arriving at the hospital for surgery.

PREPARING YOUR HOME

Consider making the following preparations so that your home is ready for your return from the hospital:

- Move items in your kitchen, bathroom and bedroom to waist level or higher. This will keep you from having to bend over to reach things.
- Remove rugs that may cause you to trip or slide. Secure any loose edges of rugs and extension cords. Make sure hallways and rooms are clear of clutter.
- Consider moving a cordless phone and remote-controlled television close to where you'll be recovering at home.
- You may need a tub chair or mounted support bar to help you keep your balance when showering (as you will not be able to sit down in a bathtub).
- Think about setting up a bed on the first floor of your home as it will be easier to manage until you are comfortable using stairs.
- You may also need a raised toilet seat to reduce stress on your operated knee.

PREPARING FOR YOUR HOSPITAL STAY— BE COMFORTABLE AND SAFE!

To make your stay more comfortable, consider bringing the following items to the hospital:

- Flat, comfortable shoes or sneakers with Velcro closures for working with physical and occupational therapists. Slippers or loafers that are easy to slip into are also good to have.
- A wrap-around bathrobe that is short, so you won't trip.
- Your own pajamas are fine, but sometimes it is easier to wear a hospital gown until your IV and Foley catheter are removed. Loose-fitting pajamas, pants (elastic waistband) and shirts are also good to bring.
- Toiletries and personal care items such as a comb, toothbrush, razor, etc.
- Books, magazines or other hobbies such as knitting to help occupy your time.
- Do not bring any personal valuables such as jewelry, wallet or large amounts of money.

Enjoy an active life with your new Freedom Knee.

This image shows a blank sheet of white paper with horizontal orange lines. The lines are evenly spaced and run across the width of the page, resembling notebook paper. There are no margins, text, or other markings on the page.

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Pursue Life™



For more information about what to expect from your knee replacement surgery, please ask your doctor about receiving these additional materials:

Your Hospital Stay

Getting Back in Motion

maxx
medical

www.maxxmed.com

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