

# 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

At Home Recovery



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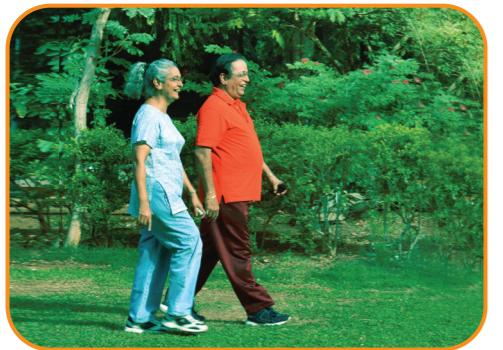


## Patient's Guide to Knee Replacement Surgery

### Introduction & Preparation



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## BENEFITS OF THE FREEDOM KNEE® SYSTEM

The Freedom Knee System was designed with fit, size and lifestyle in mind. The system components are available in different sizes, letting the surgeon choose which combination of parts best fits the shape of your knee. After the surgery, the Freedom Knee System allows for the natural bending motion typically required to perform daily activities.

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## NOTES

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## 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 short, wrap-around bathrobe so you won't trip.
- Your own pajamas are fine, but sometimes it is easier to wear a hospital gown until your IV and catheter Foley are removed. Elastic loose-fitting pants and loose-fitting shirts are also good to wear the second day after surgery.
- 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.

**Have a successful surgery and recovery, and enjoy an active life with your new Freedom Knee.**

- 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 primary 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 primary care 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 on the day of surgery.

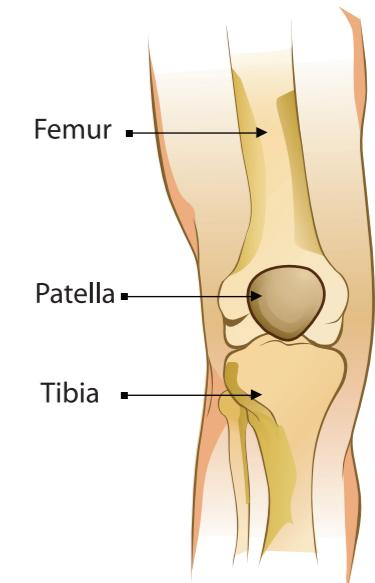
## PREPARING YOUR HOME

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 scatter or throw rugs that may cause you to trip. Secure any loose edges of rugs and extension cords. Make sure hallways and rooms are clear of clutter.
- Consider a cordless phone to keep near you for convenience.
- After surgery, you will only be able to take showers and will not be able to sit down in a tub. You may need a tub chair or bench after surgery. Do not hold on to a wall-mounted soap dish for support, as they are not constructed to hold your weight. Instead, consider installing a grab bar on your tub or shower wall to help you keep your balance.
- Think about setting up a bed on the first floor of your home. It will be easier to manage until you are comfortable with using stairs.

## INTRODUCTION

Knee pain can limit your movement and change the way you perform daily activities. Recent advances in the procedure of artificial knee replacement surgery (which is also known as total knee replacement or knee arthroplasty) can help restore the function in your knee so that daily activities that require knee bending can be performed 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 design of the Freedom Knee system and how it works to restore your knee function after surgery.



Knee Anatomy

## OVERVIEW OF KNEE REPLACEMENT SURGERY

Knee replacement surgery involves taking the bones of the thigh (femur), kneecap (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 (prosthesis). These components reduce pain by preventing the knee joint bones from rubbing together. The muscles and ligaments surrounding your knee will continue to provide motion, support and stability to your knee, just as they did before surgery.

## 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.

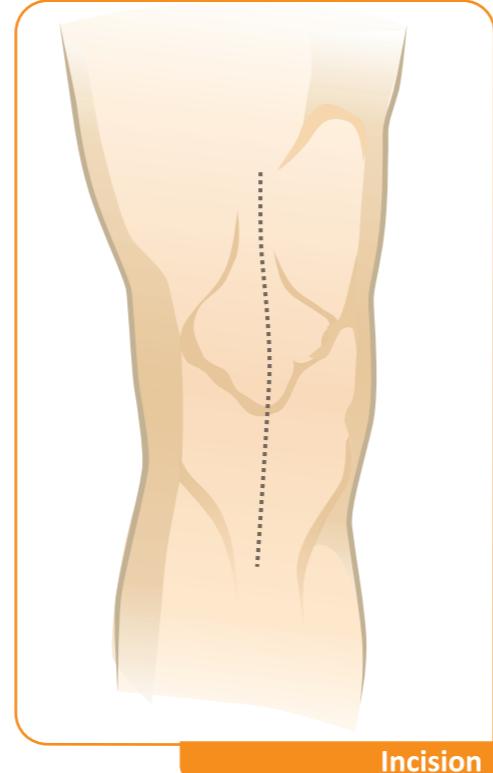
General anesthesia involves receiving anesthetics to keep you temporarily unconscious during the surgery. Epidural anesthesia is a form of local anesthesia where anesthetics are delivered via a catheter that is inserted into a space surrounding (but not within) your spinal cord to temporarily remove feeling of 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 of 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.

## SURGERY

Your knee is prepared with antiseptic to prevent infection. Then, the surgeon makes an incision from the top to the bottom of the front of your knee.

Once the patella has been folded to the side and the surgeon can clearly see the knee joint, a cutting guide is placed on the end of the femur. This guide allows the surgeon to cut the diseased bone precisely, so that the prosthesis fits accurately.

Once the diseased portion of the femur is cut, the tibia is cut using another customized cutting guide to ensure proper alignment of the prosthesis.

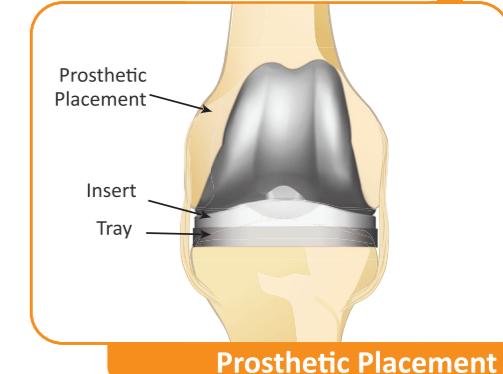


Incision

If the surgeon determines it is necessary, the undersurface of the patella is removed.

The placement of the prosthesis begins when the femoral (thigh) component is anchored into the femur by using special bone cement. Next, a metal or plastic “tray” is placed along the top surface of the tibia via a metal stem inserted into the bone and held in place with bone cement and surgical screws. A polyethylene insert customized for your knee is then inserted on top of this tray to reduce friction when you move.

Finally, if necessary, a patellar button specially sized for your knee is cemented to the back of your patella which is folded back into place. The incision is now 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

## 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
48 DAYS BEFORE SURGERY	Aspirin, acetaminophen, ibuprofen or any other non-steroidal anti-inflammatory
7 DAYS BEFORE SURGERY	Herbal Supplements
5 DAYS BEFORE SURGERY	Blood thinners