

repicci II[®]

UNICONDYLAR PROGRAM



KNEE ARTHROSCOPY utilizes a video camera attached to an arthroscope to visualize the joint through 1/4" incisions. The exposed bone in one knee compartment can be visualized. If the remaining knee is reasonably normal, Repicci II[®] implants can be considered.

REPICCI II[®] IMPLANTS are self-aligning metal and plastic "retreads" which can be inserted by an extended arthroscopic procedure to "retread" the exposed bone. An incision of about three inches is required.

THE REPICCI II[®] IMPLANT SYSTEM is designed to aid in:

- relieving weight-bearing pain.
- rebalancing the knee.
- improving knee function.
- preventing or delaying the need for total knee replacement.

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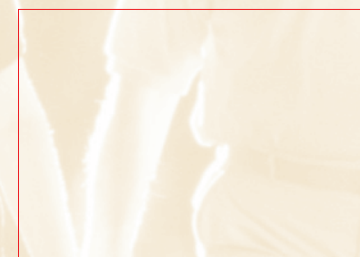
Weight bearing knee X-ray before (left) and after surgery (right) using Repicci II implants.

The Repicci II[®] Unicompartmental Program was developed by John A. Repicci, D.D.S., M.D., Buffalo, New York.

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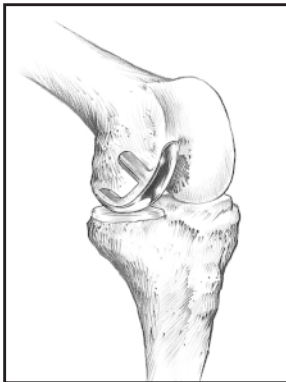
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a
step
in
the
right
direction

The knee has a joint surface or “tread,” much like a tire has a tread.

OSTEOARTHRITIS may be considered “tread disease,” a progressive degenerative process that results in wearing out of the joint surface or “tread.” The joint surface eventually erodes away exposing the underlying bone. This loss of tread, or joint surface, may be compared to a bald tire. The exposed bone is painful with weight bearing.



The NORMAL KNEE is a complex joint made of three separate areas that act like the tires of a car, enduring the “rough road” of walking and other daily activities. KNEE OSTEOARTHRITIS most commonly develops in one “tire” while sparing the others.

Q. What patient would benefit from this procedure?

A. Patients of age 55 or older.

Symptoms:

- pain standing.
- pain walking short distances.
- pain changing position such as sitting to standing.
- persistent knee swelling.
- knee locking or giving out.
- failure to respond to medical treatment.

Q. What diagnostic test is most helpful in establishing a need for this procedure?

A. Knee X-rays while weight bearing in the standing position. This X-ray must demonstrate complete loss of joint cartilage in one weight bearing area. (See X-rays.)

Q. I have suffered from knee arthritis for many years. I am over 55 years of age. Pills, shots, even arthroscopic surgery have failed to provide relief. I cannot stand for short periods, such as washing dishes, without pain. Standing produces a grinding sensation with pain. After activity my knee aches all night. Can this procedure provide relief?

A. Yes. This is not considered normal for any adult and should be addressed with your physician.

Q. What activity range can be expected after this surgical procedure?

A. The surgical procedure is designed to repair the damaged area. Therefore, the remaining undamaged joint surface is your own functioning tissue. Due to the use of a prosthetic implant that minimizes bone replacement, pain can be relieved, yet basic knee structures remain intact. Since most of the knee joint is unaffected, the recovery time is normally less than a total

knee replacement. Golfing, lawn mowing, driving and light labor can normally be resumed within a few weeks, although recovery will vary with each patient and your doctor’s individual discretion.

Q. What can I expect of the surgical experience?

A. Operation – approximately 1 hour.

Hospitalization – 24 hours.

Walking – normally begins soon after surgery. Most patients are able to drive a car in 2 weeks.

Q. How long can I expect this prosthesis to last?

A. All implants have a limited life expectancy, depending on several factors including a patient’s weight, activity level, quality of bone stock and willingness to follow the surgeon’s instructions. The great advantage of this implant is that only 1/4” of the bone is removed for fitting purposes, therefore the joint is not greatly disturbed. The implant can be replaced or followed by other techniques, such as total joint replacement, if necessary in the future.

Q. My symptoms and X-rays fit the criterion for this procedure, however, I have been advised to wait until my knee is completely destroyed and then have a total knee replacement.

A. Differences of opinion exist in treating knee arthritis. In total knee replacement, the entire knee joint is replaced with metal and plastic. Knee reconstruction with Repicci II® implants is a conservative approach designed to aid in preserving functional knee tissue, in hopes of providing relief before a total knee replacement becomes necessary, or altogether avoiding the necessity for future total knee replacement.