WORLD-CLASS ORTHOPEDIC CARE
RIGHT IN YOUR OWN BACKYARD.

Adventist Hinsdale Hospital
Keeping you well
PATIENT PROMISE:
At Adventist Hinsdale Hospital, our Patient Promise means we strive for continued excellence in everything we do. This means you’ll receive the finest advanced medicine by some of the brightest physicians and surgeons in the country. With a special focus on your experience, giving you hope for a better tomorrow.

For more than 100 years, Adventist Hinsdale Hospital has been a leader in providing quality healthcare. The team of talented physicians, nurses and staff who choose to practice at Adventist Hinsdale Hospital have access to the latest medical advances and the most innovative tools and techniques to improve your life and keep you well. We focus on the patient experience by providing exceptional care in a supportive environment.
WE TREAT THE WHOLE PERSON
Get back to living your life through the Orthopedic Program at Adventist Hinsdale Hospital. Our multi-disciplinary team of board-certified physicians, surgeons, therapists and clinical specialists use only the most advanced treatments, robotic surgical tools and therapies so that you spend less time in recovery and more time enjoying your life.

Our healing professionals believe that education is essential to great patient outcomes. Although we are the only orthopedic program in the area to offer state-of-the-art minimally invasive robotic partial knee replacement, your recovery depends on your daily commitment to wellness. Through pre-procedure classes, rehabilitation programs and physical fitness training, we teach you about orthopedic issues, treatment options and lifestyle changes so that you can enjoy your favorite activities safely and pain-free.

WE PUT OUR PATIENTS AT THE CENTER
Whether you are a marathon runner or a Baby Boomer dealing with chronic pain, our nationally renowned team of orthopedic experts work together with you to develop a plan of care that works best for your lifestyle.

When you walk through our doors, our medical specialists get to know you, your needs and your goals for the future. We create personalized therapeutic, surgical and medical treatment plans. Our orthopedic team takes the pain out of dealing with the details, helping you with pre and post-procedure preparation and planning. To get you back to what you love.
OSTEOARTHRITIS SHOULDN’T KEEP YOU FROM DOING THE THINGS YOU LOVE.

UNDERSTANDING OSTEOARTHRITIS
Osteoarthritis (OA) is the most common form of arthritis and a leading cause of disability worldwide, according to the American Academy of Orthopaedic Surgeons. Currently, 15 million\(^1\) adults in the United States suffer with painful osteoarthritis of the knee, often resulting in a compromised quality of life. Be sure to discuss all treatment options with your physician.

**WHAT IS OSTEOARTHRITIS?**

Osteoarthritis is a form of arthritis and a degenerative joint disease characterized by the breakdown and eventual loss of joint cartilage. Cartilage is a protein substance that serves as a cushion between the bones of a joint. With OA, the top layer of cartilage breaks down and wears away, allowing bones under the cartilage to rub together.

---

\(^1\) AAOS.org. 2008

**WHAT CAUSES OA OF THE KNEE?**

Although the root cause of OA is unknown, the risk of developing symptomatic OA is influenced by multiple factors such as age, gender and inherited traits that can affect the shape and stability of your joints. Other factors can include:

- A previous knee injury
- Repetitive strain on the knee
- Improper joint alignment
- Being overweight
- Exercise or sports-generated stress placed on the knee joint
WHAT ARE THE SYMPTOMS OF OA OF THE KNEE?

• Pain while standing or walking short distances, climbing up or down stairs, or getting in and out of chairs
• Start up pain or stiffness when activities are initiated from a sitting position
• Joint stiffness after getting out of bed
• Swelling in one or more areas of the knee
• A grating sensation or crunching feeling in the knee

HOW IS OA OF THE KNEE DIAGNOSED?

Your physician will begin by reviewing your medical history and symptoms. He or she will observe the natural movement of your knee, evaluate your knee and ankle joint alignment, and check your reflexes, muscle strength, range of motion and ligament stability.

Your physician may order x-rays to determine how much of the joint or bone has been affected, how much cartilage has been lost and if there are bone spurs present. Additional medical imaging tests such as computerized tomography (CT) or magnetic resonance imaging (MRI) may be ordered to help confirm your diagnosis.
HOW IS OA TREATED?
Whether your OA is mild, moderate or severe, your physician will most likely recommend certain lifestyle changes to reduce stress on your knee joints. Additional disease and pain management strategies may include:

- Physical therapy
- Steroid injections
- Over-the-counter pain medications such as acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Topical pain relieving creams
Please speak with your physician if your symptoms aren’t responding to non-surgical solutions, or your pain can no longer be controlled by medication. You could be a candidate for surgery. The most common surgical knee intervention performed for OA is a total knee replacement.

Total knee replacement is not always optimal for patients with early to mid-stage osteoarthritis in just one or two compartments of the knee. For patients with partial OA of the knee, minimally invasive robotic partial knee replacement may be the more appropriate solution.

COMPARTMENTS OF THE KNEE

The knee is made up of three compartments

- Patellofemoral (Top)
- Lateral (Outer)
- Medial (Inner)
UNDERSTANDING OSTEOARTHRITIS
HOW TO GET BACK TO YOUR LIFE
A MINIMALLY INVASIVE OPTION...

At Adventist Hinsdale Hospital, our robotic partial knee replacement technology is an innovative treatment option for adults living with early to mid-stage OA that has not progressed to all three compartments of the knee. It is powered by the RIO® Robotic Arm Interactive Orthopedic System, which allows for consistently reproducible precision in performing partial knee replacement.

During the procedure, the diseased portion of the knee is resurfaced, sparing the patient’s healthy bone and surrounding tissue. An implant is then secured in the joint to allow the knee to move smoothly again.

ROBOTIC PARTIAL KNEE REPLACEMENT CAN:

- Facilitate precise implant positioning to result in a more natural feeling knee following surgery
- Result in a shorter hospital stay and more rapid recovery than traditional knee replacement surgery
- Alleviate arthritic pain

* Individual results may vary. There are risks associated with any knee surgical procedure, including MAKOplasty.® Your physician can explain these risks and help determine if MAKOplasty® is right for you.

BENEFITS OF MINIMALLY INVASIVE PARTIAL KNEE REPLACEMENT

The robotic partial knee replacement procedure is designed to relieve the pain caused by joint degeneration and potentially offers the following benefits:

- Improved surgical outcomes
- Less implant wear and loosening
- Saving your natural tissue and ligaments
- Smaller incision
- Less scarring
- Reduced blood loss
- Minimal hospitalization
- Rapid recovery

keepingyouwell.com/ahh
WHAT CAN I EXPECT?
The orthopedic team at Adventist Hinsdale Hospital will help you through the process, from pre-planning and testing to post-hospital care including imaging, rehabilitation and home care. Hospital stays average anywhere from one to three days; ambulatory patients return home the same day. In many cases, patients are permitted to walk soon after surgery, drive a car in the first few weeks, and return to normal daily activities shortly thereafter.

WHAT IS THE LIFESPAN OF A MAKOPLASTY® IMPLANT?
All implants have a life expectancy that depends on several factors including the patient’s weight, activity level, quality of bone stock and compliance with their physician’s orders.

Proper implant alignment and precise positioning during surgery are also very important factors that can improve the life expectancy of an implant. Through the use of RIO®, implants can be optimally aligned and positioned to ensure the longest benefit. RESTORIS® MCK implants enable the treatment of one or two compartments with OA disease. With single compartment disease, a second compartment may be treated in the future if OA spreads.
ARE YOU A GOOD CANDIDATE FOR PARTIAL KNEE REPLACEMENT?

Typically, patients share the following characteristics:

• Knee pain with activity, usually on the inner knee and/or under the knee cap
• Start up knee pain or stiffness when activities are initiated from a sitting position
• Failure to respond to non-surgical treatments or nonsteroidal anti-inflammatory medication

HOW TO GET BACK TO YOUR LIFE
MANAGING YOUR OSTEOARTHRITIS

8 TIPS TO HELP YOU MANAGE OSTEOARTHRITIS

1. Maintain a healthy weight.
2. Know your physical limitations and how to reduce activity when pain persists.
3. Take medications as prescribed by your physician.
4. If advised, use assistive devices such as a walker or cane to put less stress on your joints.
5. Maintain good posture to reduce the strain placed on your joints.
6. Wear comfortable, properly-fitting shoes that support your weight.
7. Keep a positive outlook to help manage stress and maintain control of your OA treatment.
8. Maintain a proactive role in managing your disease so that you can live as close to your normal lifestyle without aggravating your condition.
• Is osteoarthritis a factor in my knee pain?
• Will reducing activity, taking pain or prescription medication, getting injections or adding physical therapy help ease my pain?
• Would a knee replacement or partial knee replacement procedure provide relief from my knee pain?
• Am I a candidate for the minimally invasive robotic partial knee replacement procedure?
• What are the benefits and risks involved with knee replacement surgery or the partial knee replacement procedure?
• How long will it take to recover from a total knee replacement surgery? From a partial knee replacement procedure?
• How long can I expect the implant to last?