

Hitting her Stride

Retiree gets her groove back after knee replacement

Dianne Allison doesn't give in easily.

When her osteoarthritis limited participation in one activity, she'd replace it with another and move on. But knee pain nearly stopped Dianne in her tracks.

The first sign of serious knee trouble sprang up after a lot of walking during a 2010 European summer vacation. Cobblestone streets and lots of stairs put wear and tear on her arthritic knees. A large cyst developed behind her left knee. By September, she was hardly walking at all. "My gait had slowed and my husband noticed I was walking a little bent over," she says. Dianne is tall, and her stride had shortened significantly. Water aerobics, an exercise she enjoys because it takes weight and pressure off arthritic joints, became increasingly uncomfortable.

When she consulted with her orthopedist, the verdict was total knee replacement. The cyst turned out to be a Baker's cyst, which can accompany severely arthritic joints. She had large bone spurs in the knee and the knee joint was reduced to bone-on-bone. "It wasn't possible to do arthroscopic surgery to clean that out," she says.

That's when she was referred to joint specialist Nauman Akhtar, MD, MBA. Dr. Akhtar is fellowship-trained in total joint replacement (see sidebar), and is focused on keeping Loudoun at the forefront in the field. Dianne's surgery was right up his alley.

"When pain starts affecting your daily life, it's time to do something about it. [Knee replacement] can make a big difference in your life."

—Dianne Allison,

Total joint replacement patient

Ask the Expert

JOINT REPLACEMENT FOR THE PAINFUL, ARTHRITIC KNEE

Is your knee pain becoming too much to bear? Nauman Akhtar, MD, MBA, will present a **FREE** seminar on advancements in knee joint replacement Sept. 14 at 2 p.m. at Inova Loudoun Hospital. Call **855-My-Inova (694-6682)** or visit **inova.org/asktheexpert** to register.



Nauman Akhtar, MD, MBA
Orthopedic Surgeon



STAYING HIP

The need for total knee and hip replacement is climbing steadily in the U.S., and Inova Loudoun Hospital is preparing to meet the demand. Nauman Akhtar, MD, MBA, is spearheading improvements in the growing hip and knee joint replacement program.

Dr. Akhtar arrived at Loudoun in 2010 with extensive hands-on experience. After orthopedic surgery training, he performed more than 600 surgeries during an additional year of training at the world-renowned Aufranc Adult Reconstruction Fellowship at the New England Baptist Hospital — part of the Harvard University Caregroup Institutions. His expertise in the latest pain reduction methods and computer-navigated surgery techniques greatly benefit his current patients.

“Our main goals are to find the best way for patients to regain their range of motion while keeping ahead of pain and reducing surgical complications,” he says. His vision for a growing, dedicated joint replacement program keeps Loudoun looking ahead. “People are living longer and expecting to stay more active,” Dr. Akhtar says. “Joint replacement is something that can significantly impact someone’s life. We’re creating a total joint center of excellence here at Loudoun.”

Less Pain, Quicker Recovery

Loudoun is keeping in step with exciting new developments in total joint replacement, says Dr. Akhtar. New methods, including computer-navigated surgery and individualized pain control, mean shorter surgeries, shorter hospital stays and quicker recovery. Knee replacement surgery has dropped from three hours to 90 minutes. And what was once a four-to-five-day hospital stay is now typically two to three days at Loudoun, he says.

Excellent pain control is the key to these improvements. Dr. Akhtar uses intra-operative, multimodal pain management techniques, which reduce the amount of each painkilling drug given by spreading out their use before, during and after surgery.

This leads to greater postoperative mobility and faster recovery. “With multimodal pain therapy, our patients don’t have as much disorientation and can tolerate physical therapy in the hospital,” Akhtar says. “After total knee replacement, I have them walking the same day.”

Back in Step

Dianne and her husband were well prepared for what to expect before, during and after surgery at Inova’s informative “Pre-Operative Joint Camp” session. She then did physical therapy to strengthen muscles around her knee to help with later recovery.

During the one-and-a-half-hour surgery, Dr. Akhtar cleaned out the Baker’s cyst and removed bone spurs. He then replaced her knee with a high-performance cobalt-chrome-and-plastic joint. With the help of attentive, expert Loudoun staff, Dianne was able to walk, climb a few stairs and get in and out of a chair using a walker before

returning home in just two days. Once home, she immediately began a three-day-per-week, in-home therapy.

In May, just three months after her surgery, Dianne was “90 percent better.” She was walking faster with a longer stride

Current U.S. total knee replacements of 300,000 per year are expected to double by 2016. Total hip replacements are projected to double by 2026.

Source: American Association of Hip and Knee Surgeons

and was back at her gym doing muscle-strengthening exercises, including presses, curls and squats. She also has started back to water aerobics three times a week. Her experience at Loudoun was positive, she says. “It’s major surgery, but I’d tell others to check out total joint replacement. When pain starts affecting your daily life, it’s time to do something about it. This surgery can make a big difference in your life.”

