

ORTHOPEDIC SURGERY PATIENT REGAINS ACTIVE LIFESTYLE



DR. TUCKER'S orthopedic patient, MICHAEL BRUNNER, outside of his Downtown office.

An outdoor enthusiast, avid golfer, and advertising executive with a demanding career, Michael Brunner, a McMurray resident in his 50s, had found himself unable to perform at the high level he was used to because of an arthritic right knee. While he damaged his knee playing high school sports, it has progressively gotten worse over the last 10 years and began imposing on his lifestyle.

"It was pretty much bone on bone at a certain point," says Michael, chairman and CEO of Brunner, based in Downtown Pittsburgh. "There was a constant aching to my knee, and sometimes I just felt a sharp, shooting pain."

Like anyone who has experienced similar symptoms, Michael tried everything to alleviate the pain, including over-the-counter medication for pain and arthritis, cortisone shots, as well as braces to support the knee during physical activity. He also received an injection of hyaluronic acid, derived from rooster combs, every six months. This alleviated the pain somewhat and actually pushed back the potential for surgery for about three years. But soon the pain became intolerable, to the point where he had to begin eliminating his favorite sporting activities like working out and golfing. Even walking caused discomfort, and he would have to stop and take breaks when walking Downtown.

Finally, Michael elected to have total knee replacement surgery. After doing some extensive research, he selected **Jon B. Tucker, M.D.**, an orthopedic surgeon at St. Clair Hospital.

Maintaining a leading edge in his areas of subspecialization, Dr. Tucker is also a consultant to a major implant technology company in the design of new surgical implants and innovative techniques. He holds patents in the design of several surgical instruments.

"The predictability, durability, and quality of total knee replacements improved substantially over the past 30 years to the point where younger people, under the age of 60, who undergo this procedure can expect to have outcomes that are compatible with returning to very active lifestyles," says Dr. Tucker.

According to Dr. Tucker, about a third of individuals who have arthritis of the knee and require surgery are good candidates for a smaller operation, a partial knee replacement. People in this category have arthritis limited to only one part of the knee. While technically demanding in the OR and requiring special surgical training, the experience for the patient is easier and offers a much quicker recovery than a total knee replacement. In most cases, patients, including Michael, have knees that are totally involved with arthritis and need full replacement knee surgery. Surgery becomes necessary when they reach the point where they are unable to carry out their daily activities without severe pain or cannot do them at all.

"Combine these limitations with the failure of conservative treatments like injections, anti-inflammatory medicines and activity modifications, then you are a candidate for knee replacement surgery," Dr. Tucker says.

Dr. Tucker and his team pay close attention to best practices for knee replacements. He uses a state-of-the-art surgical technique, known as a minimal incision Subvastus approach, which leaves patients with less pain, more strength, and better mobility more quickly after surgery because no muscles or tendons are cut.

"I'm able to walk, ride a bike, and play golf without pain."

– Knee replacement patient Michael Brunner

"While this approach is more difficult for the surgeon in the OR, it's much better for the patient," Dr. Tucker says.

"I've also eliminated the use of a surgical drain in the knee and I use long-duration nerve blocks after surgery—there's less pain and less blood loss for the patients."

After meeting with Dr. Tucker, Michael felt comfortable in moving forward with the surgery. "I thought he had a thorough, straightforward, and fact-based approach," recalls Michael. "He answered every question I asked and explained it to me in terms that I could understand. I also didn't feel as though he was looking at the clock when I was speaking with him."

Since they are durable devices, partial and total knee replacements last 20 years or longer if they are implanted properly. Dr. Tucker says that patients have a 99 percent chance that they'll still be doing well after that first year and a 90 percent to 95 percent chance that they will do well for 20 or more years. Fortunately most implants that loosen or wear out can be safely revised in a second surgery.



JON B. TUCKER, M.D. reviews a knee x-ray with his staff.

Michael's knee was operated on earlier this year and after four months of intensive physical therapy, he's feeling great. Although he still experiences aches from time to time, the difference for Michael now is that the pain goes away.

"Right now, it's all systems go," he says. "I feel like I'm able to do things I want to do without pain. I'm not able to play basketball or singles' tennis, but I couldn't do that before the surgery anyway," he says with a laugh. "But I'm able to walk, ride a bike, and play golf. I can do that without pain and therefore that allows me to function at a higher level, which is important to me."

JON B. TUCKER, M.D.

earned his medical degree at the University of Pennsylvania, Philadelphia. He completed his internship in general surgery, residency in Orthopedic Surgery and a fellowship in Sports Medicine at the Hospital of the University of Pennsylvania. He is board certified by the American Board of Orthopedic Surgery.

