Introduction

The implantation of a knee prosthesis in the human body is not a novelty. This operation has been carried out for more than 50 years. The success of a knee replacement is due to the immediate disappearance of knee pain, the correction of curvature of the leg, recovery of the mobility of the "new knee" and the ability to participate in activities of daily life and even sports activities.

The materials and techniques are continuously improving, so that the lifespan of the prosthesis is not an issue any more. The medial pivot knee prosthesis is being used since 20y in the kneeclinic.be with excellent results. So far, since its introduction to the market in 1998, no reported failures due to wear or loosening have been reported. This allows us to treat the growing number of younger people with an affected knee joint and allows the seniors to remain active as well.

However, there are still many misunderstandings about the surgery and the rehabilitation after a knee replacement surgery.

The surgery nowadays is always performed through routine minimal invasive approaches. There are no muscles cut and the patient can start the rehabilitation a couple of hours after the surgery. No one approach has been proven to be superior than another. Using a technique that allows the surgeon to balance the knee within 1mm is the most important aspect that will result in 99% of patients being satisfied or very satisfied after their knee replacement surgery*.

The duration of the rehabilitation can vary a lot: going from a couple of weeks until even 6-9 months for some depending on a lot of different patient factors. In the kneeclinic.be we therefore make use of the CE-certified moveUP medical service that will monitor and personally coach the patient during his full journey to guarantee an optimal outcome.

*Van Overschelde PP, Fitch DA. Patient satisfaction at 2 months following total knee replacement using a second generation medial-pivot system: follow-up of 250 consecutive cases. Ann Transl Med 2016. doi: 10.21037/ atm.2016.08.41