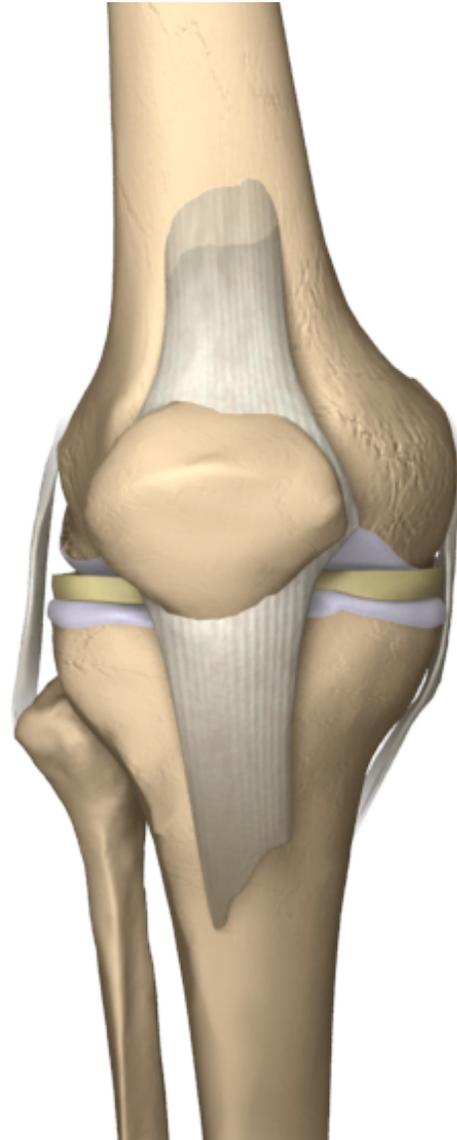
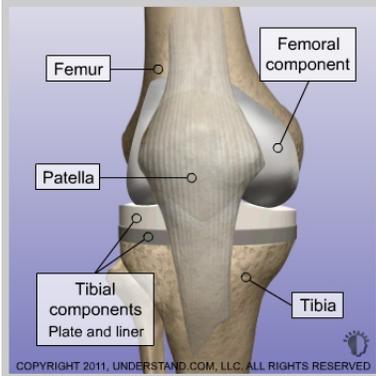


# Revision Knee Replacement

With wear, the original components of a Total Knee Replacement break down and loosen from the bone surface they were once firmly attached to. Revision Knee Replacement involves the exchange of some or all worn components of the primary Total Knee Replacement. The breakdown of the original components and loosening from the bone surfaces causes pain in the joint. Your doctor will determine the degree of complexity for this procedure based on the amount of loosening and associated damage to the underlying bone surfaces that may have occurred over time.





### ***Revision Knee Replacement Introduction***

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### ***Incision***

In most cases, the prior incision for the primary Total Knee Replacement is used to expose the knee joint. Tissue and debris that may have built up from years of wear are carefully removed so the integrity and security of the components can be evaluated.



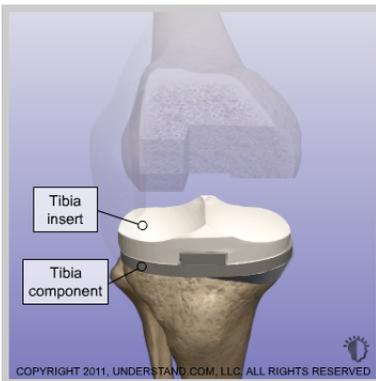
### ***Accessing the Joint***

The patella, including the tendon, is moved toward the outside of the knee to expose the joint. Components that are excessively worn or loose from their attachment to bone are carefully removed to avoid loss of underlying supportive bone.



### ***Preparing Bone Surfaces***

The bone surfaces are prepared for the revision implant. If cement was used in the original procedure, it will be carefully removed from the underlying bone surfaces.



### ***Replacing Components***

In some cases, unworn and well fixed components that match up with new components may be left in place. The new components of the knee may have reinforced stems to better secure them into bone.



### ***Rejoining the Knee Joint***

The knee joint is then rejoined and all surrounding tissues are repaired back to the normal position.



***End of Procedure***

The motion of the knee is tested prior to repairing the quadriceps muscles, tendons and skin. Following adequate healing and rehabilitation exercises knee motion and strength generally return to near normal.