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Surgery of the Knee

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Senior Scientist,Section Head, Biomechanics and Biomaterials Department,Hospital for Special Surgery,New York, NY8: Basic Biomechanics Twenty-five years ago, the adolescent with knee pain unresponsive to immobilization, with subsequent atrophy and increasing disability afterwards, underwent a totally unnecessary arthrotomy and meniscectomy, sometimes preceded by a very inaccurate athrography.

When symptoms persisted, the other meniscus was usually considered the source of discomfort, and the treatment was unsuccessfully repeated. Then, with the evolution of failed arthrotomies, the patella was believed to be the culprit. Unfortunately, there was no nonoperative or operative intervention that was universally successful. Surgically, distal and then proximal realignments were performed on almost all types of "chondromalacia" complaints. Anterior cruciate ligament injuries, if diagnosed, were treated in a spectrum from purposeful neglect to an assortment of combined intra- and extra-articular reconstructions. The recovery from these procedures was truly, in today's perspective, a tribute to the dedication of the patient and therapist and somewhat of a warning to avoid surgery!

Unfortunately, many of these patients' knee disorders led to post-traumatic arthritis unresponsive to most nonsteroidal anti-inflammatory medicines; thus, they were candidates for an osteotomy. Even though the osteotomy would probably not be indicated today, there were no other surgical options. Today, a better understanding of clinical diagnosis, imaging techniques, and rehabilitative modalities has eliminated many unnecessary surgeries. Arthroscopy has revolutionized the diagnosis and treatment of cartilage lesions and ligament disruptions. Total knee arthroplasty, on the other hand, has yielded unparalleled success in alleviating patients' discomfort while eliminating their disability.

This 25-year retrospective view is, I believe, somewhat predictive of how we will perceive the contribution of classic textbooks to continuing medical education. As we enter the digital century, if not millennium, it is increasingly difficult to accept the analog world's perpetual lag of inadequacy of the published word while attempting to enhance education and subsequently new breakthrough treatments for our patients. Thus, we have attempted in this twovolume comprehensive color text to "bridge the gap" between the analog and digital worlds. In combining our two previous textbooks, *Surgery of the Knee* and *The Knee*, we have solicited the contributions of national and international experts recognized worldwide by serious knee students.

This textbook consists of 95 chapters divided into 11 sections. In Basic Science (Section I) we have introduced an interactive CD-ROM combining the anatomical and imaging chapters. While we believe this approach, either by CD or through Internet access, is the future, practical considerations precluded us from presenting the entire book in this format at this time. The CD takes studying, browsing, and researching anatomy and imaging in a new direction. Thanks to Drs. Clarke and Pedersen, the CD contains an extensive collection of medical data pertaining to anatomy, anatomical aberrations, imaging, and surgical exposures. We believe this is truly a breakthrough in understanding comprehensive knee anatomy.

In Biomechanics (Section II), Dr. Michael Freeman has truly enhanced our understanding of the dynamics of knee motion in an extensive MRI-controlled model of knee motion. The remainder of this section reinforces basic principles of knee biomechanics and explains the relationship of the knee to normal and abnormal gait.

Healing articular cartilage defects has enticed orthopaedists since the beginning of our specialty. Today, the enthusiasm seems to be at fever pitch. Thus, we have included many, if not all, of the therapeutic approaches by the recognized international originators of the technique. From Europe to the United States, contributors lay the foundation for what will hopefully be therapeutic success in the year to come.

Although the more than 150 contributors to this edition are too numerous to focus on individually, there are some especially innovative chapters that deserve special attention. Chapter 41, "Revision ACL Surgery: How I Do It," allows the reader to see step-by-step the "pearls" of various experts on how they approach this difficult problem in the operating theater.

With increasing focus on recreational athletics, the problems with the pediatric knee are becoming more manifest. Thus, Chapters 64 to 68 give the reader the opportunity to learn from pediatric orthopaedists on normal growth and development, congenital deformities, physeal fractures, and dealing with ACL injuries in skeletally immature patients.

Almost a quarter of this text is devoted to knee replacement and surgical alternatives. The success of the former necessitates such an approach. Osteotomy, however, must not be forgotten; thanks to Drs. Hanssen and Poilvache, we get both the European and American perspective. The standard issues with knee replacement, designs, technique, thrombophlebitis, skin problems (Section VII), infection, and complications requiring revision surgery are extensively detailed. Just as with revision ACL surgery, there are six sections devoted to revision TKR surgery. The diversity of surgical approaches and "tips" is truly priceless.

It is a true honor to have collaborated with my mentor, partner, and, most importantly, friend in publishing this comprehensive text. Dr. Insall's published works on all aspects of knee surgery are unparalleled. For me to have continued my "residency" under his guidance for the past 2 years has been a gift beyond measure.

On behalf of all the authors, we hope that you, the reader, are stimulated by this text to learn, analyze your observations, challenge thoughtfully, and make a contribution that will ultimately help your patients!

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We would like to express our appreciation to Dr. Henrik Pedersen, whose tireless efforts made the CD a reality; Pam Trester, for relentless pursuit of all the details, without which we would never have completed this text; and, of course, Ruth O'Sullivan, whose constant vigilance makes it all happen!

Jobn N. Insall, MD W. Norman Scott, MD

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> INTRODUCTION

The third edition of *Surgery of the Knee* is fundamentally different from the first and second editions in that this textbook is now combined with *The Knee* edited by Dr. Norman Scott. This change has resulted in an infusion of new ideas that perhaps will make the book more relevant to the new millennium. In particular, there is a "How I Do It" section of surgical techniques from a panel of well-known experts and a new anatomy section by Dr. Henry Clarke.

With this edition, we have included an interactive CD containing basic science about the knee. A product of new technology, the CD provides search and cross-referencing capabilities beyond what is possible in print. I believe the interactivity, the 3D knee model, and extensive cross-referencing of material on the CD makes it a useful teaching and reference tool for both the novice and the veteran surgeon.

The result is a mixture of new and old: for example, Dr. Michael Freeman has contributed a "classic" chapter on the pathology of arthritis (after all, pathology remains constant) and has contributed to an entirely new chapter on how the knee moves, based on insights gained from recent anatomical investigations, which I believe will be thought-provoking for many readers.

Also new is the inclusion of some color illustrations, which I expect will add interest and brighten the pages.

This edition has benefited from some ruthless pruning, removing material from the first edition (unfortunately, most of it written by myself).

It has been my pleasure to work with my long-time friend and colleague Norman Scott, whose energy and enthusiasm have produced this edition in record time. The information contained is thus as up-to-date as is possible in a textbook.

John N. Insall, MD

ABOUT THE CD-ROM

The CD-ROM bound into Volume 1 provides multimedia capacity to browse, search, and study the anatomy, biomechanics, and imaging of the knee. In addition to material drawn from the printed work, the CD-ROM also includes high-quality photographs of cadaver dissections; color-coded illustrations; large collections of MRIs, x-ray films, and bone scans of the normal and abnormal knee; arthroscopic video of anatomical structures and significant injuries; motion MRI sequences; and video clips demonstrating key surgical exposures. As indicated by icons on the Table of Contents, five chapters form a linear core of information for individuals who wish to study knee anatomy, biomechanics, and imaging. In addition, a graphic interface enables the user to explore specific structures of the knee, using multiple modalities in an interactive manner.

A booklet packaged with the CD-ROM provides detailed technical information and functional descriptions.

- The Publisher

NOTICE

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