

Dr. Richard Buch Offers MAKOplasty Minimally Invasive Knee Replacement in Dallas

There is a minimally-invasive robotic assisted procedure helping many patients across Dallas suffering from osteoarthritis restore their active lifestyles.

DALLAS, TEXAS, USA, October 16, 2013 /EINPresswire.com/ -- [Dr. Richard Buch](#) is nationally recognized as a pioneer in reconstructive orthopedic surgery and has implemented the [MAKOplasty](#) robotic technology for partial knee and total hip replacements. More and more younger patients with early to mid stage joint degeneration are opting for the MAKOplasty partial knee resurfacing procedure. This minimally invasive procedure allows us to resurface and replace only the diseased portion of the knee joint. The robotic assistance ensures the implant is being placed with precise accuracy which studies have shown results in increased implant longevity, a more natural feeling knee, better mobility, a shorter recovery then traditional knee replacement, and higher patient satisfaction.

How is MAKOplasty Different then Traditional Knee Replacement?

Many patients who are experiencing [knee pain](#) only have osteoarthritis in one or two components of the knee. Previously, manual resurfacing or a total knee replacement was performed to address these conditions. Utilizing the MAKO robot partial knee resurfacing will produce consistently reproducible precision down to the millimeter. A pre-operative CT is taken and the image uploaded to the robot. A pre-operative plan will be determined highlighting the arthritic areas of the knee to be resurfaced. The robotic arm is controlled by the surgeon to resurface one or two compartments of the knee, preserving healthy tissue and bone. Custom implants are then inserted for a precise replacement.

MAKOplasty uses smaller incisions and spares the muscle tissue, this drastically reduces the recovery time. The immediate recovery time is much faster at two weeks, most patients are able to walk without the assistance of a walker versus a total knee patient that requires assistance walking for an extended period of time. This procedure often times is a better option for



MAKOplasty Robot

younger active patients, who may be putting off a knee replacement because of the typically lengthy recovery time. Because it is less invasive and preserves more of the patient's natural knee, patients should experience relief from their joint pain and return to their daily activities quicker.

Robotic Partial Knee Theoretical Benefits Compared to Conventional Knee Replacement:

3-D computer generated patient specific pre-operative planning

ACL & PCL preservation

Smaller incision

Smaller Scar

Preserves healthy tissue and bone

Ability to return to normal activities quicker

Shorter rehabilitation process

Better range of motion and a more natural feeling knee

Results summary confirming accurate resurfacing & implant placement

Less implant wear and loosening

Proper implant placement at the correct version to increase implant life

Why is Placement of the Implant so Important in Joint Replacement?

Clinical research data confirms what Dr. Buch recognized when he began using this robotic orthopedic system: MAKO offers significant improvement in patient outcomes for total hip replacement and for partial knee procedures because of the technology. These improved outcomes result from superior implant positioning, which directly affects implant longevity, patient mobility, and patient satisfaction. The studies compared MAKO with non-robotic procedures at a number of top U.S. hospitals, performed by some of the most highly regarded orthopedic surgeons in the country. A long-term study, in which orthopedic surgeons at Massachusetts General Hospital participated, showed that optimal cup positioning in manually performed total hip replacement procedures was achieved in only 47 percent of cases. This compares to 96 percent in MAKO assisted total hip replacement procedures.

For partial knee replacement, studies looked at patients two years after surgery, which is when accurate data on revision rates can be determined. The results: patients who had undergone MAKO knee resurfacing showed a rate of only 0.4 percent revision, which compares with a rate between four to six percent in manually performed partial knee replacement. Also, these studies looked at MAKO knee patients in which both compartments of the knee had been replaced and compared them with traditional total knee replacement patients. The results indicated MAKO patients had greater quad strength, greater range of motion, and higher functional activity at various intervals in the first two months following surgery.

About Richard Buch, M.D.

Dr. Richard Buch is a board certified fellowship trained orthopedic oncologist, one of the rarest specialists in medicine. In 2012 there were fewer than 150 orthopedic oncologists in the United States. The majority of Dr. Buch's patients are complex joint replacements, joint revisions referred by other surgeons, complex infections, and those who are at risk of losing their limb to bone cancer.

Total joint replacement is only one step of a complex orthopedic oncology surgical procedure. Many times bone cancer is resected and a complex reconstructive procedure is required. This not only requires expertise in bone and soft tissue resection but complex joint reconstruction. The most common areas for bone tumors are in the long bones of the body; the femur, tibia, and humerus. This requires the surgeon to have expertise in joint replacement of the hip, knee, shoulder, elbow, and ankle.

In the 25 years he has been practicing Dr. Richard Buch has performed over 11,000 knee, hip, and shoulder replacements using the most advanced orthopedic technologies.

About The Dallas Limb Restoration Center

The Dallas Limb Restoration Center is a highly specialized center with an expertise in complex joint reconstruction. Fellowship trained joint replacement surgeons assess each patient's specific condition and develop care pathways from consultation to surgery. When surgery is required both physicians are trained in multiple different types of joint replacements allowing them to determine what is best for each patient's unique case.

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