

TESTIMONIAL IN SUPPORT OF OSTEOTOMY SURGERY

Background Information

I am a 57 year old and have worked as a Maintenance Engineer for 40 years. The job is physically demanding working on platforms, climbing ladders/steps working twelve hour shifts. I also work in confined areas which require me to kneel down and work on bent knees.

The History

In my early years I was a middle distance and cross country runner competing for a local running club in events throughout the country. I developed Osgood Schlatters disease in my left knee when I was 17 year old. This condition required treatment and I was put into a full leg plaster for one month to immobilise the knee. In my twenties I competed in half marathons and also the London marathon. I ceased competitive running in my late twenties due to family commitments but continued to run and cycle as a form of exercise into my fifties.

Recent Medical Problem

I had no further mobility issues following the Osgood Schlatters disease. In the summer of 2014 I experienced pain with the following symptoms in my left knee:

- Sharp pain in knee cap and ankle
- Tenderness inside of knee joint
- Numbness below knee cap
- Swelling of knee joint

The symptoms caused pain when walking, driving (pressing clutch pedal) and climbing stairs. Bending my leg caused a sharp pain in the knee area and the joint became stiff after sitting and sleeping.

Action Taken

I consulted my GP in Sept 14 and was advised the symptoms could indicate arthritis and that there could be some cartilage damage. I was referred to an Orthopaedic Consultant who requested scans and x rays which showed arthritic damage to the knee joint. I had a course of physiotherapy which eased the pain and I decided not to undertake any further treatment. I was advised by the Consultant that the problem may return.

In January 15 the symptoms returned and caused more pain and discomfort than I had previously experienced. I was again referred to an Orthopaedic Consultant for further x-rays and scans which showed damage to the knee joint. The Consultant explained the treatment options and I chose to have a high tibial osteotomy and cartilage repair to relieve the pain which was now making it impossible for me to work.

The Surgery

In April 15 I had the operation under a local anaesthetic (a much more positive experience than I had initially imagined) which contributed to me only being in hospital for one night as I had no sickness, nausea or tiredness after surgery. The post op pain management was explained and managed well and I had minimal discomfort. I was discharged the day after surgery and returned home able to walk with the aid of crutches. I was walking without crutches at four weeks post op and started physio treatment after five weeks.

Four Months Post Op

After completing a phased return to work over 3 weeks I have now am able to undertake all duties required within my engineering role and have not experienced any further discomfort. I am walking without pain and have returned to cycling doing 20 - 25 miles. I do still get some stiffness after periods of inactivity (eg sleeping).

Conclusion

Having experienced the levels of pain and immobility that this problem caused I would recommend this procedure/treatment to anyone else considering this type of surgery. The treatment was effective with a positive outcome which has enabled me to return to work and normal activities within three months.