



After trying numerous treatments for painful arthritis in her knees, Jeanne Tiefenbach found relief with knee replacement. Ms. Tiefenbach is pictured with her granddaughter Mallory and dog Bailey.

A NEW

LIFE

REAL PATIENTS SHARE THEIR EXPERIENCES WITH KNEE REPLACEMENT

The zoo was packed that Monday in July. Retired art teacher Jeanne Tiefenbach and her family had to park in one of the farthest spots from the entrance. But Ms. Tiefenbach didn't mind the walk.

She hiked for hours around the animal exhibits with 5-year-old granddaughter Mallory and sometimes holding 1-year-old granddaughter Kerrigan. However, Ms. Tiefenbach didn't mind the effort.

That evening, she trekked through a downtown parking lot to the sold-out James Taylor concert. Her seat was six rows from the top of the amphitheater. She didn't mind the climb.

Walking long distances, toting grandchildren, climbing

stairs—two years ago, Ms. Tiefenbach could not have done any of it due to excruciating knee pain.

“Before my children were born, I was incredibly flexible. I played sports and ran. I was a typical active person,” Ms. Tiefenbach says. “But one day, in my late 30s, I tried to run across the street and suddenly couldn't.”

That was the start of a steady decline in her knee function due to missing cartilage and, eventually, arthritis. For years, she tried ice, physical therapy and cortisone injections, but nothing worked for long.

“I'd see steps or a curb and would cringe,” she says. “I knew it would hurt. I had accepted it was just how my life would be.”



Support from his family and the Marymount staff helped Leonard Bernstein, MD, throughout his surgery and rehabilitation.

But then, in her 50s, Ms. Tiefenbach had a surprising conversation with Charles LoPresti, MD, an orthopaedic surgeon at Marymount Hospital. He brought up knee replacement—something she thought was only for people over 65.

THE RIGHT TIME FOR KNEE REPLACEMENT?

“Age is not the deciding factor when it comes to knee replacement,” Dr. LoPresti says. “That’s because severe arthritis, the main reason for knee replacement, isn’t just an older person’s problem.”

Like Ms. Tiefenbach, anyone can consider the surgery if struggling with arthritis pain that doesn’t respond to nonsurgical treatments, such as anti-inflammatory drugs and physical therapy.

“If conservative treatments allow you to live a normal life with little pain, you don’t need knee replacement,” Dr. LoPresti says. “But if the pain dictates whether or not you go to the mall or go out with friends or spend time with family, it’s time to think about surgery. Arthritis should not make you miss out on the joys of life.”

ANOTHER PATIENT GETS BACK ON HIS FEET

For urologist Leonard Bernstein, MD, one of those joys is work. At age 75, he’s still caring for patients full time. Until two years ago, he needed a motorized scooter to do it.

Dr. Bernstein had coped with knee pain for 50 years following a basketball injury in medical school.

“I had been getting cortisone injections, but when I couldn’t get any more, I could barely hobble from the parking lot to my office at Marymount Hospital,” he says. “The hospital provided me with a motorized scooter so I could make rounds.”

Finally, at age 73, Dr. Bernstein knew it was time for knee replacement. His colleague Dr. LoPresti performed the surgery at Marymount, and 10 weeks later he was back to work—without a scooter.

“Today, I walk maybe a mile three or four days a week,” Dr. Bernstein says. “My wife and I are planning a river cruise to Prague and Budapest later this year. There’s nothing that I can’t do today because of my knee.”

MAKING THE DECISION

“Knee replacement isn’t something you go into blindly,” Dr. LoPresti says. “There are risks with any operation—infection or blood clots, for example. But with knee replacement, the benefits far outweigh the risks.”

For those considering knee surgery, Dr. LoPresti suggests asking two questions: “What happens if I don’t have it done?” and “What happens if I do?”

The answers were easy for Dr. Bernstein. “If you have a significant physical problem, it won’t get better,” he says. “If you’re having that much discomfort, and it’s affecting your lifestyle, do it.”

Ms. Tiefenbach agrees.

“I wish I had done it 10 years earlier,” she says of her double knee replacement at age 58. “I’ve gotten a new life.”

Today, when Ms. Tiefenbach isn’t playing with her grandchildren, she’s running with her dog Bailey. Or biking, swimming or playing tennis. Or setting up her new art studio. Or acting and dancing onstage in church performances.

“Sometimes I forget how old I am,” she laughs.



Charles LoPresti, MD
Orthopaedic Surgeon, Marymount Hospital

“Severe arthritis, the main reason for knee replacement, isn’t just an older person’s problem.”

CALL TODAY TO FREE YOURSELF FROM JOINT PAIN

If joint pain is controlling your life, **call** toll-free **866.733.6363** for an appointment with Dr. Charles LoPresti or another orthopaedic physician.

