

I cau be active again.

Dear patient,

you and your physician are currently planning an operation to replace your knee joint with an artificial knee joint manufactured by LINK.

Your surgeon is very familiar with the procedure, the details, the materials and the healing process, but you are bound to have some questions.

The purpose of this brochure is to familiarize you with the next steps and provide you with some helpful and interesting information.

What many people do not know.

Artificial knee joints have a decades-long history in medical technology.

Materials, form, design, and functions are the result of many years of development, always in close cooperation with medical professionals and engineers.

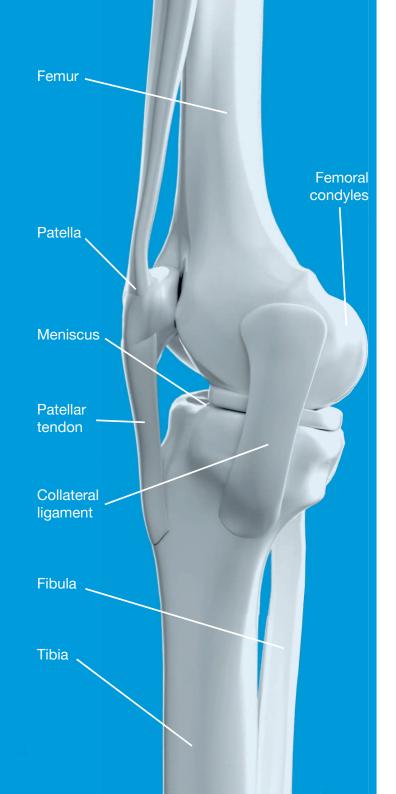
For more information, please visit the homepage at www.link-ortho.com





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What exactly defines an artificial knee joint?

There are many factors that need to be weighed up when deciding on a particular knee joint. Beyond the individual size and shape, the surgeon's chief concern in implanting the product will be how well the substance of the bones can be preserved. This directly affects the recovery time and functionality.

Your physician has selected a knee endoprosthesis from LINK, based on factors unique to your individual case.

Focus on people

For over 70 years, LINK has been developing and producing medical devices, which are used all around the world.

LINK is a company based in Hamburg, Germany, that sets standards in endoprosthetics and offers an extensive product range. This wide selection offers physicians the best solution for every individual case and requirement, normal daily lives, free from pain.

What types of artificial knee joints does LINK provide?

Knee joints basically consist of a tibial component, a femoral component, and a synthetic articular surface.

Partial joint prosthesis (LINK sled prosthesis)

- suitable for cases where joint wear involves the inner or outer part of the knee joint
- anchored solely with 'bone cement'
- replaces the cartilage of the femoral condyle.



Total joint prosthesis (LinkSymphoKnee)

- suitable for replacing the outer and inner femoral condyle and the entire articular surface of the head of the tibia
- can be anchored either with or without 'bone cement'.





What are the differences between the two variants?

There are various ways of fixing knee endoprostheses within the bone, depending on the bone substance. Your physician will determine which system is suitable in your particular case. LINK offers appropriate products, anchored either with or without cement.

Uncemented Cemented

The knee joint is press-fitted into the bone and anchored by bone apposition.

This implantation technique is particularly favorable for preservation of the substance of the bone.

Especially suitable for young, active patients.



The knee joint is firmly anchored in the bone using "bone cement" (shown in green).

The joint can be loaded soon after the procedure.

The procedure has been proven for many years.

What materials are used to make an artificial knee joint?

The total knee endoprosthesis must be composed of materials that are well tolerated by the body..

The materials

• PorEx surface layer Coatings for patients hypersensitive to metal Wear-resistant and well tolerated by the body





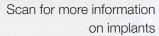
Plastic

Wear-resistant and well tolerated by the body

Metals

Long-term stability Biocompatible Body-compatible







The operation

What should I do to prepare myself for the operation?

You can also play a role in making the therapy a success: it's important that you follow your physician's specific instructions prior to the operation and inform him/her of the following details:

- Medications, including over-the-counter preparations, that you are currently taking
- Other disorders you may have, such as allergies

Exercise to build up your muscles, improve your gait and, if necessary, lose weight before the operation and arrive at your surgery appointment in good health.

What will happen after the operation?

Your physician will tell you which kinds of movements you are permitted to make and which you should avoid. A few days after the operation, you will commence rehabilitation in a clinic or outpatient center. There your knee muscles will be strengthened, which will stabilize your artificial joint.

Tips for day-to-day life



Attend all your follow-up appointments and visit your physician if you experience any complaints.



Ideal sports are light gymnastics, walking on flat terrain, and cycling using a bike that is easy to get on and off (that doesn't require you to lift your leg high).



Avoid heavy physical work.



Avoid sports involving violent impacts or with a high risk of injury.



People with a total knee endoprosthesis can normally also swim - preferably using crawl stroke.

If you have any questions or concerns, please contact the physician in charge of your treatment. LINK wishes you a speedy recovery.



Important information

The information in this flyer has been carefully researched and compiled in collaboration with physicians, physiotherapists and patients. It contains generalized information that may not be equally applicable to all patients.

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