Doctor Surpasses 550 Robotic Assisted Partial Knee Resurfacing Procedures

Sometimes medical advances come by degree: sometimes medicine leapfrogs into a new approach that dramatically advances patient treatment. Dr. John Velyvis , MD, Board Certified Orthopedic Surgeon, specialist in minimally invasive knee and hip surgery, is Director of the Robotic Knee Center at St Francis Memorial Hospital in San Francisco. He is Fellowship Trained from the Massachusetts General Hospital at Harvard University Medical School. Dr. Velyvis obtained his medical doctorate at Columbia University, New York and graduated from Harvard University with a degree in Biomedical Engineering.

Dr. Velyvis says that from his first contact with Robotic Knee Preservation and Restoration, he knew the days of radical total knee replacement being used as the go-to surgery for arthritic knee pain were numbered. As an example Dr. Velyvis has logged some 624 partial knee resurfacing procedures but some 560 of them were performed using robotics.

Robotic Assisted Partial Knee Resurfacing is a growing discipline in the treatment of arthritic knee joints and Dr. Velyvis has emerged as one of the leaders in the field. At one point, the doctor had performed 12% of such robotic assisted surgeries in the United States, performed using the MAKOplasty procedure. Explained Dr. Velyvis, "From a surgical perspective, we do everything we can to perform to exacting tolerances. Once the surgeon sees the level of sophistication the robot provides, there is simply no way to go back to unassisted resurfacing. The robotic surgeries are simply better outcomes."

But Dr. Velyvis says while total knee replacement has its place in more advanced cases, "Two critical ligaments are surgically severed. These are the very ligaments that guide motion and stability to the joint. The ends of the tibia and femur, the two large bones that make up your upper and lower leg are severed to accommodate the new artificial knee joint. But we focus on knee preservation, and none of that trauma even takes place with this new surgery. The surgeon uses computer mapping to guide the robotic resurfacing. Minute amounts of tissue are removed. The tolerances are very precise, far more exacting than could ever be accomplished unaided by the robot. We use a very small implant within the joint itself, and thereby eliminate the pain of arthritis, with dramatically shorter and easier recovery times. Anyone who makes the allegation that these approaches are of equal value needs to review the trauma that *doesn't take place* with resurfacing."

Because the trauma of Robotic Assisted Knee Replacement is so limited and standards are so precise, Dr. Velyvis believes improved outcomes and the diminished chances of malpractice litigation will act as a strong attractant to Robotic Assisted Joint Replacement for orthopedic surgeons in years to come. Remarked Dr. Velyvis, "In my opinion these are simply better, more predictable

outcomes."

Along with the notoriety of surpassing the 600 surgery mark, Dr. Velyvis has had to battle to bring his patients state-of-the-art procedures and technology. When Dr. Velyvis felt he was being pressured to use a medical device which was not state-of-the-art, he refused. According to published reports, Dr. Velyvis was eventually victorious in standing up for his patients' rights and was paid a substantial negotiated settlement. He continues his work as an educator and consultant, and an unyielding advocate for his patients.

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