

Ry Kristen Emery For the Observer-Reporter bertaer rea

Leo Wisniewski has made a career out of playing and coaching the game he loves. A standout defensive lineman - noseguard and tackle - he played football at Fox Chapel High School and Penn State in the late 1970s and early '80s before being drafted by the NFL's Baltimore Colts and moving with the team to Indianapolis

But all of those years of wear and tear took a heavy toll on Wisniewski's knees leading to meniscus and anterior cruciate ligament tears in both knees, one surgery after another and eventually an end to his days as a professional football player.

"I remember right after my retirement, my orthopedic guy telling me in 20 or 25 years I would have real problems in my knees with osteoarthritis," recalled the 55-year-old South Fayette Township resident. That doctor advised him not to do distance running or other high-impact activities that might aggravate his condition.

Onthe COVEL

LenWisnieuski meets with his doctor, Donald Ravasio, for a check-up after his kneereplacement surgery. The photo was taken by Katie Roupe of the Observer-Reporter.

the marathon he had always wanted to run. He worked up to running 12 to 14 miles a day and, eventually, his knee pain returned and became so had that it started interfering with his football coaching duties at Canon-McMillan High School.

"I coach high school football and being on my feet for two or two-and-a-half hours

was getting to be really difficult," he explained. When the constant knee pain threatened to end his coaching career, he made a decision. "I found that when I was on my feet, even 800 milligrams of ibuprolen didn't do anything. That was sort of the last straw where I said, Trn gonna do this because I don't want to quit my coaching because I can't handle the pair."

When Canonsburg Hospital orthopaedic Despite that advice, Wisniewski trained for surgeon Dr. Donald Ravasio examined Wis-

Since Leo Wisniewski's bilateral knee replacement surgery, he uses the elliptical for rehabilitation and exercise to work on knee mobility.

niewski, he decided he was a candidate for something Ravasio does in only 10 percent of his patients: replacing both knees at the same time. "His was more of a traumatic thing and not a degenerative thing," said Ravasio. "In most people, it's degenerative, it's arthritic, it's just a wear-and-tear process. In Leo's case, it

was traumatic from all of those years playing football taking its toll."

Simultaneous bilateral patients often have a shorter overall hospital stay and are able to undergo "symmetrical" physical therapy - using both sides of their body equally. For younger patients who are generally in good health, simultaneous knee replacement may be a better option than undergoing staged procedures (one knee surgery, then rehabilitation for that, followed by the second knee). Ravasio said surgeons began performing simultaneous bilateral knee replacement in the mild 1990s but that it is not common for several reasons - chiefly because most patients experience problems with only one knee at a time.

For those who need replacements in both knees, the requirements for bilateral surgery are specific. "With as many knee replacements as we do, I probably only do bilateral replacements 10 percent of the time," said Ravasio. The indications to do them are very specific. They need to be done in patients that are healthy, they need to be age appropriate, and they need to be done in patients that have bilateral joint disease. There aren't a lot of patients that meet that criteria."

Ravasio emphasized that knee replacement in general has inherent risks such as blood clots, pulmonary embolism, myocardial infarction and risks to the heart and lungs.

"So when you do two of those to the body instead of one, the risk to the body is increased," he adds. "It increases operative time and time under anesthesia. So in people whose health is already compromised, have pre-existing vascular disease or who are diabetic, they are not good candidates." He credits improved technology and pain management for making bilateral replacements possible. "The whole experience has gotten to be much better with your

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time in the hospital much shorter," he said. "If you meet the criteria, bilateral is possible even though a lot of orthopedic surgeons won't do it. It's an option."

Wisnlewski met all of the criteria and Ravasio said he was an exceptional patient. The bilateral surgery took place at Canonsburg Hospital in August and Wisniewski was up and moving around with the aid of a walker within 24 hours. Though he was sore, he immediately noticed the chronic aching in his knees was gone.

"The pain was not knee joint pain anymore," he remembered. "Within the first 24 hours, you're in pretty tough shape. I was kind of impressed that I could shuffle with the walker to the bathroom and back and I was shuffling down the hallway."

Wisniewski began occupational and physical therapy immediately



This is an example of healthy knees that do not require any surgery.

and made quick progress. "By the time I went home, I was in good shape with my walker and I was already using a cane. I could do the steps with my cane. Within seven days, they really get you going." Even Ravasio was impressed by his recovery.

"Leo was amazing. He's the perfect bilateral knee replacement candidate," he said. "He came in 10 days later walking with a cane with



This is an example of bad knee joints that would require a knee replacement surpery.

no limp and came back a month later with no assistive devices. I'm sure his NFL experience played into that; he knows how to train and rehabilitate and strength train. Plus, his age - he's in his 50s and he's very fit and muscular with no preexisting medical conditions."

Wisniewski continued his physical therapy three times a week for first five weeks then cut back to twice a week. Now, he enjoys walking 45 elliptical machine in the gym and just started weight training again.

"Everyone took great care of me, the nurses and physical therapists and Dr. Ravasio was fantastic," he said. Wisniewski advises other patients to do research before deciding on bilateral surgery.

"Do your homework, interview people who have had bilateral surgery. But my encouragement would be absolutely to do it because you save an awful lot of time both in surgery and in rehab," he says "Taking the plunge and doing both at one time, the emotional trauma of it is minimized. You get it over with. It's like ripping that Band-Aid off."

Wisniewski also credits his wife of 32 years, Cindy, as a terrific help during his recovery. He had to take last fall off from coaching after surgery, but now that his knee pain is gone he looks forward to returning to the sidelines.

His son, Stefen's, football career will factor into those plans. He followed his father's footsteps, playing



This is an example of a knee replacement model as well as cutting blocks, right. Cutting blocks are created from an MRI before the surgery and are more efficient, accurate and help save time during the surgery.

football at Penn State and entering the NFL and has played for the Oakland Raiders the past four seasons. Now, he's a free agent.

"I want to see where my son lands with free agency. If he's on the East Coast and I can do all of my Friday night and Saturday morning coaching commitments, we'll see. Hopefully he'il be a lot closer than Oakland."

"I have struggled with my weight since I was in grade school."

"As a junior in high school I surved myself and wound up in the hospital."

"I'm no longer diabetic, no longer have high blood pressure, no longer have high cholesterol."

"I went from taking 19 pills to 9."

"I are FOREVER thankful to Dr. Felix and his wonderful staff for giving me my life back."

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