DR AMAN KHANNA · ORTHOPAEDICS · SURAT

Ek-Taraf Ghutne Ke Liye HTO

Bow-legged ghutne mein High Tibial Osteotomy ke baare mein seedhi jaankari

Agar aapko ya aapke ghar mein kisi ko bataya gaya hai ki unke ghutne mein "early, one-sided arthritis" hai aur High Tibial Osteotomy (HTO) ka option discuss hua hai, toh confusion hona bilkul normal hai. Yeh guide simple bhasha mein samjhata hai ki HTO actually karta kya hai, kis tarah ke ghutne ke liye socha jaata hai, aur recovery kis shape mein hoti hai — taaki aap apne surgeon se sahi sawaal pooch sakein.

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Aapka ghutna ek taraf se kyun ghista hai

Jab X-ray dekhkar doctor bolte hain ki ghutne mein "medial compartment wear" hai ya ghutna "bow-legged" (varus) shape mein hai, toh iske peeche ek simple mechanical wajah hoti hai.

Normal khade hone par, jo load-bearing line body ke wazan ko carry karti hai (mechanical axis), woh ghutne ke centre ke aas-paas se guzarti hai. Lekin varus (bow-legged) ghutne mein yeh line thoda andar, medial side ki taraf shift ho jaati hai.

Iska seedha matlab hai — chalte waqt aur khade hote waqt, ghutne ke inner (medial) hisse par outer (lateral) hisse se zyada load padta hai. Isi wajah se bahut se logon mein arthritis pehle sirf medial compartment mein shuru hoti hai, jabki baaki ghutna kaafi hadd tak theek rehta hai.

HTO actually karta kya hai

High Tibial Osteotomy mein ghutne ka joint replace NAHI kiya jaata — aapka apna joint, apni cartilage jitni bachi hai, wahi rehti hai.

Cut joint ke NEECHE lagaya jaata hai — proximal tibia mein, yaani shin bone ke upar wale hisse mein. Is cut ko ek calculated angle par plan kiya jaata hai taaki bone ko realign karke load line ko centre ki taraf laaya ja sake.

Hamare yahan use hone waali technique medial opening wedge osteotomy hai. Ismein tibia ke inner (medial) side par ek controlled gap open kiya jaata hai, jabki outer (lateral) side ka hinge intact rakha jaata hai. Is gap ko ek TomoFix plate se stable kiya jaata hai, jo screws ke through bone ke saath fix hoti hai jab tak naya bone us gap mein bharke solid heal na ho jaaye.

- Cut joint ke neeche, proximal tibia mein lagaya jaata hai
- Wedge medial (inner) side par khola jaata hai
- Lateral (outer) hinge intact rakha jaata hai
- TomoFix plate se position stable ki jaati hai jab tak healing na ho
- Joint replace nahi hota — aapka apna ghutna rehta hai

Yeh kis tarah ke patient ke liye socha jaata hai

HTO har bow-legged ghutne ke liye nahi hoti – kuch general patterns hote hain jinme yeh option discuss kiya jaata hai. Lekin final decision hamesha clinical examination aur imaging dekhne ke baad hi hota hai, sirf age ya ek symptom dekhkar nahi.

- Comparatively younger, active patients
- Jinme wear zyadatar sirf ek compartment (usually medial) tak limited ho
- Jinka knee range of motion reasonable ho, badi stiffness na ho
- Jinka lateral aur patellofemoral compartment (ghutne ke baaki hisse) kaafi hadd tak healthy ho, aur ghutna stable ho (ligaments intact)
- Jo apna original joint jitna ho sake bachana chahte hain aur replacement abhi taalna chahte hain

Yeh kiske liye usually suggest nahi kiya jaata

Kuch situations mein HTO first-choice option nahi rehta, kyunki iske results kam predictable ho sakte hain ya koi aur treatment zyada suitable ho sakta hai.

- Jinme arthritis dono ya sabhi compartments mein advanced stage tak pahunch chuka ho
- Jinke ghutne mein significant stiffness ya deformity ho jo sirf realignment se theek na ho paaye
- Older patients jinke liye joint replacement zyada predictable option ho sakta hai
- Kuch medical conditions jahan bone healing affected ho sakti hai

> Yeh general pointers hain – aapke liye sahi option kya hai, yeh sirf aapke surgeon hi examination aur imaging dekhne ke baad bata sakte hain.

Recovery kaisi dikhti hai

HTO ke baad recovery ka ek broad shape hota hai, lekin exact timeline har patient, har healing pattern, aur har surgeon ke approach ke hisaab se alag hoti hai — isliye hum koi fixed number ya guarantee nahi de sakte.

Shuru mein operated leg par protected weight-bearing rakha jaata hai — matlab pura wazan seedhe nahi daalte, crutches ka sahara lete hain jab tak surgeon X-rays dekhkar weight dheere-dheere badhane ki permission na de.

Physiotherapy is process ka zaroori hissa hai — knee ki movement wapas laana, muscle strength banana, aur normal chaal ki taraf dheere-dheere lautna.

Bone ko naye position mein solid heal hone mein mahinon ka time lagta hai. Yeh gradual process hai, aur healing X-rays se track ki jaati hai. Crutches kab tak chahiye, kaam ya activity kab resume kar sakte hain — yeh sab aapke surgeon hi aapki individual healing dekhkar decide karenge.

Yeh samajhna zaroori hai

HTO arthritis ka cure nahi hai. Joint ke andar jo wear already ho chuka hai, usse yeh surgery reverse nahi karti — yeh sirf load ko realign karke us compartment par pad rahe stress ko kam karne ki koshish karti hai.

Yeh surgery har ghutne ke liye sahi nahi hai, aur na hi yeh sabke liye same tarike se kaam karti hai. Sahi candidate kaun hai — yeh sirf X-rays, clinical examination, aur zaroorat padne par additional imaging dekhne ke baad hi tay hota hai.

Agla step

Agar aapko ya aapke kisi apne ko bataya gaya hai ki unke ghutne mein early, one-sided arthritis hai, toh sabse pehla kadam yahi hai ki ek qualified orthopaedic surgeon se apna X-ray aur physical examination karvaein.

Hum online/teleconsultation ki facility bhi dete hain, lekin yeh sirf guidance ke liye hai — physical examination ka substitute nahi hai. HTO ho ya koi aur option, final decision in-person assessment ke baad hi liya jaana chahiye.

Agar severe pain, sudden swelling, ghutna achanak lock ho jaaye, ya koi bhi emergency jaisi situation lage, toh online consult ka wait na karein — seedhe nearest hospital jaayein.

> Dr Aman Khanna, MS Orthopaedics (Gujarat Medical Council Reg. No. G-30260) — Prish Hospital, Vesu (12-2pm) aur Mahavir Hospital, Athwa Gate (4-6pm). Appointment ke liye DM karein: 89808 22922.

Turant doctor se milein agar —

- Ghutne mein achanak severe swelling, redness, ya garmi mehsoos hona
- Tez bukhar ke saath ghutne mein dard
- Wound se discharge, bahut zyada pain, ya kharab smell aana
- Leg ka color badalna, sunn hona (numbness), ya achanak tez pain (clot ke warning signs ho sakte hain)
- Ghutna achanak lock ho jaaye ya bilkul weight bear na kar paaye

Apne surgeon se ye poochhein

1. Mere X-ray mein arthritis sirf medial (inner) compartment tak limited hai, ya aur jagah bhi wear dikh raha hai?
2. Mere case mein HTO suitable option hai, ya koi aur treatment zyada theek rahega?
3. Surgery ke baad protected weight-bearing aur crutches mere liye kitni der ke liye honge?
4. Physiotherapy kab se shuru hogi aur usme kya-kya cover hoga?
5. Bone healing track karne ke liye follow-up X-rays kab-kab honge?
6. Mere specific case mein is surgery ke risks aur possible complications kya hain?
7. Agar aage chalke knee replacement ki zaroorat padi, toh kya HTO us option ko affect karegi?

DM 89808 22922 — second opinion · appointment (clinic ya online)

Prish Hospital, Vesu – 12-2pm · Mahavir Hospital, Athwa Gate – 4-6pm

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Yeh guide sirf general patient-education ke liye hai. Yeh kisi bhi tarah se diagnosis, treatment recommendation, ya outcome ki guarantee nahi hai. Har ghutna alag hota hai – apni condition ke liye ek qualified orthopaedic surgeon se in-person examination zaroor karvaein. Is practice dwaara offer ki jaane wali teleconsultation sirf guidance ke liye hai aur physical examination ka substitute nahi hai. Emergency ya severe symptoms hone par turant nearest hospital jaayein.

Online consultation sirf guidance ke liye hai aur physical examination ka poora substitute nahi hai – emergency ya severe symptoms mein turant nearest hospital jayein.

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Sources – American Academy of Orthopaedic Surgeons (AAOS) – patient education materials on osteotomy around the knee · Standard orthopaedic surgery references on high tibial osteotomy aur TomoFix plate fixation techniques · Clinical practice as followed by Dr Aman Khanna, based on Sports Medicine (Lyon, France; Mumbai) aur Trauma (Ganga Hospital, Coimbatore) fellowship training