Commonwealth ORTHOPAEDIC CENTERS

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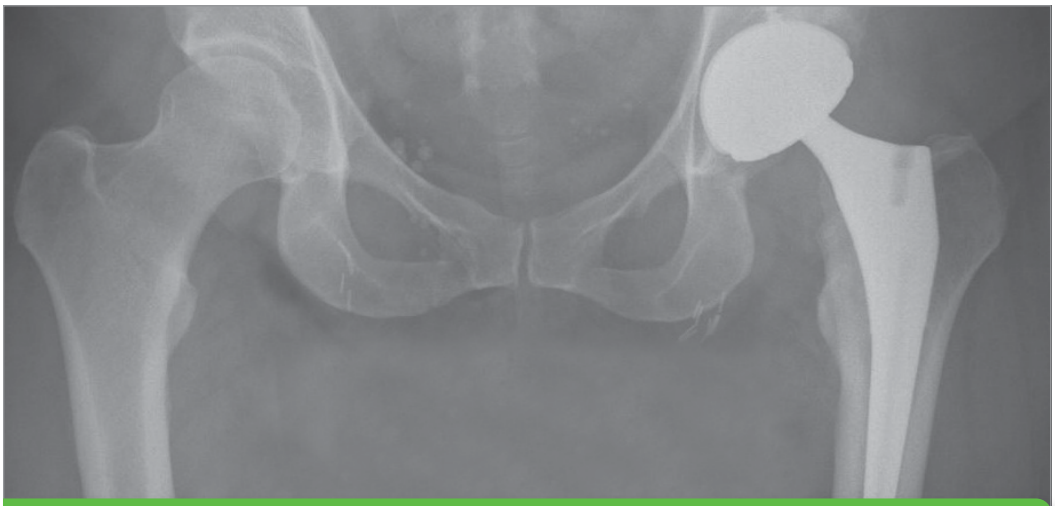
ORTHO CONNECT

THE ORTHOPAEDIC AUTHORITY - ADULT RECONSTRUCTIVE SURGERY



PRACTICAL TIPS FOR SUCCESSFUL JOINT REPLACEMENT

Matthew T. Hummel, M.D.

MATTHEW T. HUMMEL, M.D. knows that preparing patients for joint replacement surgery can help them feel better faster. In his practice at Commonwealth Orthopaedic Centers, knee and hip arthroplasty are the most common joint replacement procedures, performed largely due to osteoarthritis caused by a variety of factors. For those who have already tried other treatments—and are ready and willing to do the work—joint replacement may be the right option.

Because joint replacement surgery is life altering, Dr. Hummel encourages his patients to ask questions. A pre-surgery class at the hospital also enables patients to learn about the procedure and how to transition to life with a new joint. Below are just a few of the tips Dr. Hummel offers those considering surgery:

- Exercise. Simple exercises done independently help maintain joint strength and range of motion before surgery. Keeping muscles and ligaments pliable makes post-op therapy more productive.
- Shed extra pounds. Losing weight may prolong the life of your natural joint, as well as lessen surgical risks and help your new joint last longer.
- Stop smoking. Nicotine use can inhibit bony ingrowth, a necessity for proper healing, Dr. Hummel says. He recommends smoking cessation for at least six months before surgery.
- Prepare your home. Slick surfaces and loose rugs invite falls, so plan accordingly. Also, while current minimally invasive surgical methods allow for freer movement after surgery (most often the day after surgery), caution is advised. "It's best to live on a single floor until you get your stamina back," Dr. Hummel says.
- Manage pain. Discuss pain medication with your surgeon because preferences vary. Well-controlled pain makes therapy more productive.
- When in doubt, get a second opinion. "Talk with family, friends, other patients, other surgeons," Dr. Hummel says. Replace fear with knowledge.

Matthew Hummel, M.D. *is a Kentucky native with degrees from Centre College and the University of Kentucky College of Medicine. He completed his residency in orthopaedic surgery in Greenville, SC and a fellowship in joint replacement at the University of Louisville.*

ONE TO GO...

A comprehensive class at the hospital and Dr. Matthew Hummel's willingness to answer questions "put me totally at ease," prior to total knee arthroplasty, says Tom Wagner. The Southgate resident endured years of discomfort and an awkward gait before choosing Dr. Hummel as his surgeon. Now two months post-op, he is riding his stationary bicycle again and has scheduled surgery—for the other knee—in September. "I wouldn't go anywhere else," Wagner says.

DOCTOR'S SPOTLIGHT

John J. Larkin, M.D.

DURING SURGICAL TRAINING, John J. Larkin, M.D. found himself choosing between cardiac and orthopaedic surgery. An admitted "fixer," he was ultimately drawn to orthopaedics because he gleaned satisfaction from seeing happy patients get up and move. "Whether it's a fracture or a replacement, there is a given endpoint where you get definitive results," he says.

He estimates that he replaces 200-250 joints annually, yet Dr. Larkin is eager to welcome an era when joints can be saved through cartilage repair and transplantation. "The most exciting thing going on right now is the concept of being able to intervene early to prevent the progression of arthritis," he says. The process of replacing damaged cartilage with donated juvenile cartilage is in its infancy, he explains. He has performed such transplantation procedures for nearly two years with "excellent results," and is one of a few surgeons in the Midwest offering this procedure. "I think over the next five years it's going to be amazing what we can do to repair arthritis," he predicts.

Board certified in orthopaedic surgery, Dr. Larkin has been involved in both teaching and patient care throughout his career, which began at the University of Kentucky's College of Medicine. He completed his general and orthopaedic surgery training at Yale University, where he was also a clinical instructor. A year of fellowship training in sports medicine and arthroscopic surgery followed. After four years teaching at the University of Chicago,

NEW KNEES ENERGIZE YOUNGER, ACTIVE PATIENTS

Bruce R. Holladay, M.D.

RETIREMENT IS STILL years away, and you're eager to continue the active lifestyle you've always enjoyed, but pain from that old high school knee injury—the one you thought was "fixed" long ago—is interfering with daily activities. Think you're too young for a knee replacement? Think again.

Once strictly reserved for the over-60 population, total knee arthroplasty (TKA), also known as total knee replacement, is on the upswing among younger patients, says orthopaedic surgeon Bruce Holladay, M.D., who has found a niche treating such patients who yearn to get moving again. "I've done total knees on people in their 30s," though this is certainly not common or desirable, he says. TKA is a major surgery, but in the appropriate circumstances it offers young people the best chance for a return to active living.

Why Total Knee Replacement?

Several factors can contribute to the need for total knee arthroplasty, including osteoarthritis/degenerative joint disease caused by genetics, and arthritis caused by the wear-and-tear of repetitive motion such as running. The most common reason for TKA in a young person, however, is post-traumatic arthritis, explains Dr. Holladay. For instance, an ACL torn on the football field 20 or 30 years ago may have caused permanent damage, even though a surgical repair seemed to fix the problem at the time. After years of activity, the knee may be consistently painful, weak and swollen.

Still, certain criteria must be met before Dr. Holladay will consider operating. Conservative treatments are tried first. "We may try a brace initially," he explains, as well as anti-inflammatory medication (Advil, Aleve, Celebrex or Mobic). Cortisone shots or viscosupplementation (hyaluronic acid) are also explored. If pain continues, a small number of patients will be candidates for a partial (or unicompartmental) knee replacement, in which a small portion of the knee is resurfaced. However, only 5–7 percent of knee replacement patients throughout the country fit into this category, Dr. Holladay notes. The remainder of patients require replacement of all knee components—the lower ends of the femur (thigh bone), the top surface of the tibia (shin bone), and the back surface of the patella (knee cap).

Younger Patients, Unique Issue

Before replacing an active person's knee with an artificial implant comprised of metal alloys and polyethylene plastics, Dr. Holladay must be certain that his patient fully comprehends the significance of this surgery and is willing to work for a good outcome. He insists that every patient understand the following:

- A total knee is a man-made product with a finite lifespan. "It can wear out. It's just like a car. The harder and faster we drive it, the quicker it is going to wear out or have problems," Dr. Holladay says. The goal of TKA is a knee that lasts for decades, but long-term studies with younger patients are still in the works so longevity cannot be predicted. Nonetheless, consistent improvements in materials (including Trabecular Metal to assist bone growth and highly cross-linked polyethylene surfaces that reduce wear and debris, for example) are improving the odds of a longer-lasting implant.
- An implant requires care to last. Be realistic with your expectations. A total knee replacement does not have quite the same range-of-motion as a natural knee. "The worse the knee is when you go into surgery, the less motion you will get out of it," Dr. Holladay warns. Moreover, not all activities are good for the prosthesis. High impact activities such as running should be avoided. Cycling, weight lifting, golf, even tennis may be acceptable, he says. Some patients even water ski, snow ski and hike.
- TKA surgery carries risks. Infection, sensitivity to component materials, or loosening of the prosthesis after surgery may occur. Cement is sometimes used to affix the components and this can become loose as well. Rarely, patients may still hurt even after the post-surgical period. Typically, this happens due to related soft tissue problems, i.e. scar tissue, Dr. Holladay explains.
- If you're very young and very active, you are likely to live longer than your new knee. Further surgery (revision) to replace the replacement may be needed.

Achieving the Best Outcome

A typical TKA takes about an hour, Dr. Holladay explains, and patients generally return home after a two-day hospital stay. After surgery, no

PHYSICAL THERAPY CORNER

WHAT TO EXPECT WITH JOINT REPLACEMENTS

TYPICALLY, JOINT REPLACEMENTS ARE performed when there is damage due to various forms of arthritis or a previous joint injury. Knees are the most commonly replaced joint in the body, with more than 900,000 performed in 2011.

Physical therapy is instrumental in the success of joint replacement both before and after the surgery. Seeing a physical therapist prior to surgery allows us to teach patients strengthening exercises to help fortify muscles as much as possible before the surgery. After surgery, controlling swelling and pain are important as well as regaining range of motion and strength. By doing exercises given by the physical therapist, we help patients regain lost motion and increase strength back to a functional level. Recovery times may vary greatly and depend on a commitment to physical therapy.

After the surgery, patients may stay in the hospital for a few days or even an inpatient rehabilitation center. Before going home from the hospital a physical therapist will teach patients how to get in/out of bed, walk with a walker or crutches, if needed, and review any exercises to promote flexibility and strength. When the doctor decides it is appropriate, he will refer the patient to outpatient physical therapy.

***Becky Jehn**, PT, MPT, MHSA, OCS, FAAOMPT*
Physical Therapy Manager

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mobility restrictions are necessary and weight bearing is permitted as tolerated, "which means put all of your weight on it the day you're done with surgery," he says. A cane, walker or crutches may be used for a short time. Some patients may transfer to an inpatient rehabilitation facility for physical therapy, but most will work with Commonwealth Orthopaedic's physical therapists on an outpatient basis, two or three times a week for about two months.

This is where the real work happens, Dr. Holladay explains. "This is not a quick fix. It is not a magic pill or a magic potion." Those who approach the rehabilitation process with a positive attitude and a good work ethic do very well. In fact, "90 – 95 percent of total knee patients have good to excellent results," he says.

An athlete himself (and a surgical patient, at times), Dr. Holladay identifies with individuals who push themselves to succeed and admits that his style of surgery and recovery tends to be "aggressive." "Nothing good comes easy," he says. "I will fix everything as well as I can so you can push it and get better quicker." Many of Dr. Holladay's patients are comfortable on the golf course in three months. Most are feeling really good in 6 – 12 months.

***Dr. Holladay** is certified by the American Board of Orthopaedic Surgery and is a Fellow of the American Academy of Orthopaedic Surgeons. He joined Commonwealth Orthopaedic Centers in 1993. He served as team physician for the 2007 Pan American Games USA men's and women's basketball teams and as a USOC team physician. Locally, Dr. Holladay has worked with Highlands, Ryle and Beechwood High School sports teams and currently is a consultant for Thomas More College.*

DOCTOR'S SPOTLIGHT CONT.

John J. Larkin, M.D.

he returned to Northern Kentucky in 1991. He continues to teach and mentor medical residents and students in his Crestview Hills office during monthly rotations.

Dr. Larkin's passion for his work—and his devotion to his patients—is reflected in his demanding schedule. "It's the patients that make it all worthwhile," he says. "I love what I do. Every day is fun." He particularly enjoys working with older patients, noting that many are from rural areas and are accustomed to physical work. He feels great satisfaction when a patient returns to the tractor or the golf course after months of inactivity, surgery and therapy. "It is life-changing for them," he states.

Despite a 55-hour work week, Dr. Larkin travels frequently to Lexington and Knoxville to care for his parents. He also enjoys time with his two college-age children and attends his son's tennis matches. Although he used to race vintage cars, he now prefers to collect antique vehicles. "It's all good," he says of a full life doing what he loves.

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