

THE

Bone & Joint Journal

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Spine Surgery vs Hip Surgery?

by Paul K. Gilbert M.D.



Paul K. Gilbert M.D.

Recently we've had a rash of patients come in who had previously undergone back treatments, including surgeries, without achieving any measurable pain relief or increase in mobility. Detailed histories and hands-on exams revealed that they actually suffered from significant hip arthritis, which necessitated hip replacements. Fortunately, the procedures were successful and they all greatly improved. What is disturbing is that they reported that their back physicians had never looked at their hips.

As we all know (and sing!), the knee bone is connected to the hip bone and the hip bone is connected to the back bone. It is well documented and taught in basic medical school anatomy classes that hip problems can present as back pain and vice versa. The same kind of confusion is true for knee and hip complaints.

Sometimes it is difficult to tell what the true source of pain is. I will send patients to my fellow spine doctors saying the source is the spine, and they might send them back telling me no, it's the hip. Even with our sophisticated exams, X-rays, MRIs and other tests--it can be a frustrating puzzle. But at least you have to look!

I have heard time and time again from patients that their surgeon studied their X-rays and/or MRIs and decided on surgery without ever doing a basic physical exam. It doesn't take long to do one. Insist on it!



Hip or Knee Arthritis can present as back pain so a thorough examination is recommended

The Dorr
Arthritis Institute
Medical Associates
Good Samaritan
Hospital

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Save The Date October 15, 2011

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For more information please call 213-977-2511

How You Can Help To Prevent Surgical Infections

by Jeri Ward, R.N.

The most important thing you can do before surgery is getting your body prepared for healthy healing. Planning preoperatively and following through postoperatively can help to prevent surgical infection.

Patients who keep their body in shape can maximize their healing capabilities by doing a few simple things:

1. Don't go on a big diet. Some patients are asked to lose a few pounds before surgery. Some look at surgery as an opportunity to lose weight. During the perioperative (around surgery) time the body needs calories to heal. We know that malnourishment can slow the healing process and also lead to infection. A well rounded diet is essential for patients planning surgery.
2. Keep blood sugar under control. If you are a diabetic (fasting blood sugar greater than 140) or have pre-diabetes (fasting blood sugar greater than 120) you should have your blood sugar carefully monitored. Increased blood sugars can delay healing and put patients at higher risk for infection.
3. Quit smoking. Smoking increases the risk for infections and blood clots after surgery. Smoking interferes with wound healing. Even to stop smoking one month before surgery can benefit each patient in their recovery.
4. Take care of your teeth. Infections in the teeth and gums can enter the blood stream and cause infection in another area of the body. People who have prosthetic devices implanted in the body are at risk for infection from poor dental care. Please see your dentist at least one month prior to surgery for a teeth cleaning and evaluation. If there are problems in the mouth they can be corrected before your operation. We do not want you to do any dental work starting two weeks before surgery and until three months after surgery. Getting your mouth checked one month prior to surgery is highly recommended.

5. Understand your presurgical testing. Our patients will receive a nasal swab to check for potentially dangerous bacteria (MRSA). Some patients carry this bacteria without being aware of it. Patients testing positive preoperatively for MRSA will be treated with a course of special antibiotics for five days and then retested prior to surgery to assure that the existing bacteria is cleared. This may mean postponing your surgery for a few days, but this process is done to protect you.
6. Hand-washing. Develop a strict hand washing routine for you and your family. Most germs are passed by our hands. Correct hand washing is done with warm water and soap using friction for at least 30 seconds. This is equivalent to singing the "Happy Birthday" song two times. That is an easy way to remember it. Have your family and friends or anyone touching your incision follow hand washing rules.

Following these few recommendations can help to prevent infection after surgery.

Help Operation Walk Help Others!



Operation Walk wants your old unneeded Medical Equipment. Operation walk will recycle that old surplus medical equipment and donate it to it's less fortunate patients around the world.

We need your old:
Ted Hose, Crutches, Canes,
Walkers, Shower and Toilet
Chairs

To donate please call Jeri Ward
213-977-2511

WALK

OPERATION WALK

What Is The Difference Between Computer Navigation And Robot Assisted Surgery?

By William Long M.D.



Dr. William Long performing a uni-condylar knee replacement using the Mako Surgical robotic arm to insure perfect bone preparations

Computer navigation and robot assisted surgery are available for hip and knee replacement surgery at the Dorr Arthritis Institute at Good Samaritan Hospital. Both of these technological advances bring computers to surgeons in the operating room. The computers provide data and real time images of the patient's joint, the surgical instruments and the implants. Only robot assisted surgery exerts control over surgical instruments.

Computer navigation is used during total hip replacement and total knee replacement surgery. No special preoperative scans or studies are required. Computer navigation uses a system of light reflecting trackers affixed to bone pins and surgical instruments. Trackers on the bone pins monitor the position of the patient's bone and joint. Trackers on the surgical instruments show the surgeon the precise direction of the bone saw or the depth and direction of the reamer. Trackers on the implant holder allow the surgeon to insert the implant with computer guided precision. At the end of the operation computer navigation can verify final implant position, change in limb length and limb alignment. The computer does not hold or control any of the surgical instruments.

Robot assisted surgery is used for partial knee replacement surgery. An application released in 2010 expanded robot assisted surgery to include total hip replacement. A preoperative CAT scan is

required and this study is downloaded into the robot to create an image of the patient's hip or knee. Robot assisted surgery also uses a system of light reflecting trackers affixed to bone pins and surgical instruments. Robot assisted surgery introduces an additional piece of technology. One of the surgical instruments is a robotic arm. The robotic arm is programmed with the CT scan image of the patient's joint and the surgical plan.

The high speed burr used during robot assisted partial knee replacement surgery and reamer used during total hip replacement is, turned on and off and moved through space by the surgeon. If the surgeon attempts to remove any bone that is not part of the surgical plan the robot will shut off the burr or reamer. In this way the robot exerts some control over the bone preparation. The burr and reamer are accurate in removing bone within one half of one millimeter of the surgical plan. At the end of the operation, robot assisted technology can verify final implant position, limb alignment and change in limb length.

New and powerful tools improve the accuracy and precision of hip and knee replacement surgery. All surgeons who perform hip and knee replacement surgery do not have access to these tools because they must be purchased by the hospital or outpatient surgery center. Special training is required by the surgeon and the surgical team. The patient benefits when the surgeon, the surgical team and the hospital invest in these technological advances.



Dr. Lawrence Dorr performing a total hip replacement using the Mako robot

Letters To The Editor



Monica Blake has over 14 years experience in Pilates exercise and is currently the only Certified Pilates Instructor in the world who is not only diagnosed with Rheumatoid Arthritis, but has also endured three total knee replacement surgeries. She is an active Arthritis Foundation volunteer and has been recognized in her community as a model of strength and determination

At the age of 24, I was diagnosed with rheumatoid arthritis and told that I would be in a wheelchair by 30. By age 36, I had my first knee replacement. Between the surgery and some new developments in medication for the treatment of RA, I believed that I would have a happy and healthy life despite the disease and the limitations it imposed i.e. downhill skiing. It was my search for a fit body and active lifestyle that led me to Pilates in 1994. Through Pilates, I rediscovered the strength and flexibility that RA had stripped

away. The Pilates exercise method can easily be adjusted to suit anyone's individual needs, so it was a perfect way for me to work around the debilitating effects of RA. While it did not cure the disease, Pilates helped me stay mobile and live my life to the fullest.

In 2001, I had both knees replaced. Due to my physical fitness, my recovery was swift. In 2010, however, movement of the prosthesis in my left knee threatened to shatter my femur, potentially ending my ability to do Pilates, which I had started teaching in 2005. I was fortunate to find Dr. Long and the expert Team at the Dorr Arthritis Institute. Dr. Long's expertise in this atypical complication gave me the confidence to move forward with the surgery. His ability to communicate my prognosis in understandable language and with genuine compassion and sincerity assured me that I had made the right decision. His dedication did not end when the surgery was over; Dr. Long and his staff followed up with me to make sure the recovery process was going well. I would also like to note the expertise of Don Shimabukuro, my physical therapist, and Jeri Ward, R.N. Finally, Ruby Collins, who scheduled my surgery, and whose diligent follow-up, attention to detail, and caring attitude helped to ensure that the process from admission to follow up appointments has been seamless.

I was back on my feet in a matter of 2 days, without a cane or crutches. I'm feeling much better than I was before the surgery, and I have confidence that I'll be able to create a healthier, more active lifestyle than I had ever imagined. In addition to Dr. Long's brilliance and his talented team, I would like to emphasize the benefits of exercise to all those suffering from illnesses which may impair their mobility. It was exercise, medicine, and the engagement and caring expert medical professionals that closed this chapter of my life on a joyful note.

Letters To The Editor



John Slouka

John Slouka, of Lake Forest, at age 38 was an avid runner and a member of a running club. His hip became painful when the cartilage wore out and was rubbing bone on bone. He limped around for several years. He was apprehensive about getting a hip replacement because he was fearful that it would end his running days.

He was referred to Dr. Dorr, by a friend that had some hip complications. Dr. Dorr convinced John to have a hip replacement at age 42. John now continues to participate in races ranging from 5K (3.1 miles) to 50 K (33.1 miles). Way to go John.

Editor's Note

Running or jogging as a sport following joint replacement is not recommended for everyone.

The constant impact forces incurred while running or jogging can increase implant wear.

When considering exercise, life style choices and moderation are key.

Brian Zimmermann's letter is a perfect example of the message delivered in Dr. Paul Gilbert's article in this issue of the Joint Journal.

Dear Dr. Dorr,

I just wanted to let you know that I have a number of very jealous friends who wish you had been their hip doctor. I have made a fantastic recovery and I tell everyone that it is because of the State of the Art surgery you have developed and the incredible care and understanding that your whole team gives.

At 75 years young I had never had a surgery, spent a night in the hospital, or even had a tooth out until February 8, 2011, when I arrived in a wheelchair and was transferred to your care. As 6 spine surgeons had told me I needed major spine surgery I was not so sure I wouldn't be leaving in the same wheelchair.

The whole event was pretty scary, but you and your whole team put me at ease and made me feel very comfortable. The net result is I have no pain and absolutely no thoughts of having spine surgery.

The main reason for this letter is that I would really appreciate it if you could let all of your team know how much their care and concern was really appreciated. Every one has my praise, from Corrine setting up the appointment, to pre-op staff, nurses, physical therapists, phone follow-up staff and Yancy who walked me to x-ray. He told me he had been with you 20+ years and had recovered from a stroke.

Lastly I want to thank YOU, Dr. Dorr. You may not have saved my life, but you most certainly gave it back to me.

Thank you,
Brian Zimmermann

Visit Our Website

www.dorrrarthritisinstitute.org

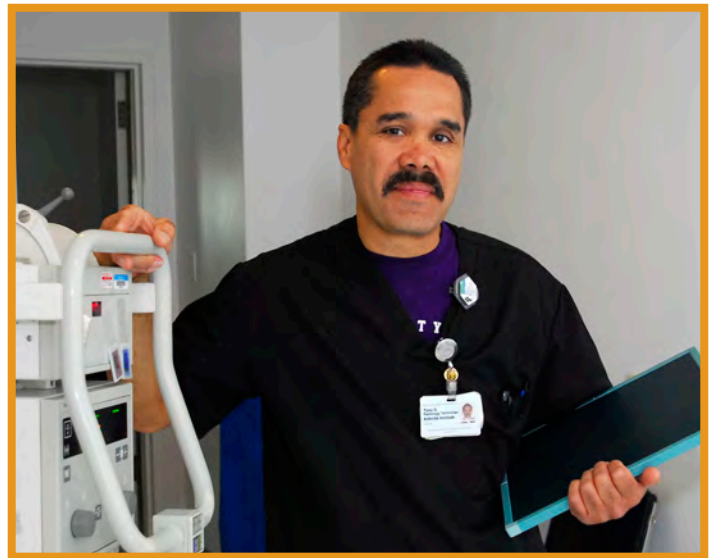
Meet The Staff



The Dorr Arthritis Institute's new medical assistant Adrienne Hays

My name is Adrienne Hays. I am a medical assistant working for the Dorr Arthritis Institute at Good Samaritan Hospital. I was born and raised in Los Angeles, California. I am a mother of two beautiful daughters, Christina and Remy. I have been a medical assistant for over 17 years. I worked for a multi-specialty group for 16 years, but never have I worked for an organization where the doctors are so respected and sought after, such as Dr. Dorr, Dr. Long, and Dr. Gilbert. People come from all over the world to see them. I am very proud to be an employee here. I look forward to serving the patients here. My dream is to volunteer many hours to Operation Walk and travel with this team. My hobbies are reading, traveling, watching movies, and visiting with family and friends. I look forward to meeting you all here in the office.

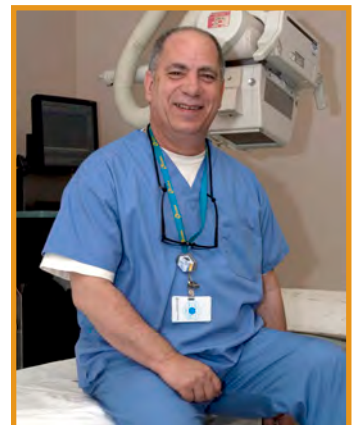
Congratulations to Tony Gonzalez who recently passed his advanced course for Radiology Technician. Tony went to college for four years to study to be a radiology technician several years ago, but just recently he had an opportunity to finish his one year externship. He is now a member of the American Registry of Radiology Technicians (AART) which gives him a national certification as a Radiology Technician.



Tony Gonzalez

Tony has worked at the Dorr Arthritis Institute for many years and is a familiar face to all of our patients getting x-rays at the clinic. He is known for his skills as well as his kind and caring interactions with all of our patients.

It is with great sorrow that we have lost John Coccio, a true friend and coworker at the Dorr Arthritis Institute. John passed away peacefully last week. "There is comfort in friendship - hope in prayer, peace in love." John will be missed by all who knew him.



John Coccio

Meet The Staff



Claudia Galindo

My name is Claudia Galindo and I am one of the Admitting/Scheduling Representatives at the Dorr Arthritis Institute at Good Samaritan Hospital.

Here is some information and some guidelines that will help prepare you for your visit to the Arthritis Institute:

New patients can expect to receive a packet of information and forms in the mail prior to their first appointment. These forms need to be completed and brought in with you. You will also need to bring the following items:

- *Photo ID
- *Insurance Card
- *Insurance Co-pay
- *List of Current Medications (including dosage)

If you have recent x-rays, please bring them with you and present them to the receptionist upon your arrival. The x-rays will be quickly checked to determine if the views are acceptable for the doctor to make a diagnosis. If the views are not acceptable, new x-rays will need to be taken at that time.

At each visit, all patients will need to go through the registration process. During this process an Admitting Representative will confirm your demographic and insurance information; to insure that we have the most current information on file.

Once you are registered and any needed x-rays are taken, you will be escorted into the inner lobby to wait for a medical assistant to escort you to an exam room to see the doctor.

Please remember that you will be asked for your photo ID, insurance card and co-payment at every visit. Having these items readily available will help expedite the registration process so that you are on time to see your doctor. I look forward to meeting you and making your visit to the Institute a pleasant one!



Congratulations to our very own Jeri Ward for **WINNING** the annual bake-off at the Hometown Fair in El Segundo this past Saturday. Jeri's fabulous German chocolate cake was 'the' big winner of the event. She earned a Blue Ribbon and \$75! When pressed for her magic recipe she is sworn to secrecy (although if you call her I'm sure you could squeeze that recipe out of her!) It has been a long stretch since her last Blue Ribbon. She won 1st prize over 20 years ago for her yummy lemon bars. Jeri credits her mother with teaching her how to bake delicious desserts.

So congrats again to our own Betty Crocker! All of us here at the Arthritis Institute are anxiously awaiting some samples of her exquisite German chocolate cake and lemon bars too. Her staff will be much harder judges than her friendly judges in her hometown of El Segundo!

JOIN US AT OUR FREE TUESDAY NIGHT SEMINARS

Please come join us at one of our up coming Tuesday night seminars. Experts from the Dorr Arthritis Institute Medical Associates at Good Samaritan Hospital will discuss some of today's most advanced hip and knee replacement techniques. During this free seminar, you will learn how new computer and robotic precision guided surgery is offering patients a less invasive and longer lasting option for joint replacement.

Registration 6:00 to 6:30 pm.
Program begins at 6:30 pm.
For more information call 1(213) 977-2511

Tuesday June 14th, 2011
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Seating is Limited

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