
THE Bone & Joint Journal

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Paul K. Gilbert, MD has joined the Arthritis Institute team. This represents the next step in his career as an orthopaedic surgeon specializing in hip and knee replacement. He grew up in an Air Force family and had the opportunity to live in many locals in the United States and Europe. College was spent at the University of California in San Diego and he earned his medical degree from the University of Southern California, School of Medicine in 1983.



Paul K. Gilbert, MD

Marriage to his wife, Cindy, followed and he continued his training with internship and residency at Los Angeles County –USC Medical Center. They then settled in Southern California where he has practiced at for the last 20 years. He has established himself as a leader in joint replacement surgery.

Dr. Gilbert helped pioneer the use of computer navigation for hip and knee replacement in the San Gabriel Valley performing over 400 cases. He was involved with Orthosoft in the practical application of their technology with the goal of perfecting the technique and making it available to others. Minimally invasive techniques and advanced anesthesia and pain management were also a focus.

Dr. Gilbert looks at his new association with Dr. Lawrence Dorr and Dr. William Long and the Arthritis Institute staff as a tremendous opportunity to continue and advance his appreciation of the entire spectrum of the joint replacement process. Computer technology and robotics will continue to be an interest. Guiding the patient through the process with education, support and empathy is his passion.

Dr. Gilbert and Cindy, who is a registered nurse have two sons. Jim is at California State University San Marcos studying psychology. Chris is a junior at La Canada High School and has an interest in medicine.. Family time is a very high priority with church, dinners, movies, travel and scuba diving as common interests

**The Dorr
Arthritis Institute**
Medical Associates

**Good Samaritan
Hospital**

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♦
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Lawrence D. Dorr M.D.

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Paul K. Gilbert M.D.

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♦
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www.dorrrarthritisinstitute.com

MakoPlasty Update!!

by William T. Long M.D.



The Mako Robotic Surgery procedure uses powerful computer technology to improve the precision of the operation known as partial knee replacement. The Arthritis Institute introduced the first Mako Robot to Los Angeles in 2008. The device is one of less than ten Mako Robotic Surgery Computers available for use on the West Coast. The results of this operation during our first year have exceeded our expectations. The patients selected for the MakoPlasty operation had medial compartment arthritis. The cartilage surface of the knee is divided into three compartments. The medial compartment of the knee is on the inside, between the legs. The lateral compartment is on the outside of the knee and the patella femoral compartment is the joint surface behind the knee cap. The current Mako Robot addresses only medial compartment arthritis.

Careful patient selection is necessary to avoid performing a one compartment knee replacement in a patient with bad cartilage in two or three compartments. The diagnosis of medial compartment arthritis is made most accurately when the symptoms, physical examination findings, and diagnostic studies all point to a problem in the same anatomic area. When cartilage destruction is isolated to the medial compartment the patient will describe pain near the medial joint line. The physical examination suggests medial compartment arthritis when a knee that was once straight changes and gradually becomes bowed. Plain x-rays can show loss of the medial joint space and bone-on-bone arthritis. When regular x-rays do not reveal the full extent of cartilage damage a preoperative MRI will provide a detailed image of the cartilage in all three compartments.

Before surgery a computer tomography scan (CT scan) of the patient's knee provides the image that is used to plan the operation. On the computer screen precise removal of the worn out cartilage and bone is

planned, the implants that fit best are selected, and an image showing the results of virtual surgery can be studied from every angle. The implants with the best fit are placed in the ideal position to make the limb straight. The computer prevents the leg from being aligned in a bow-legged or knock-kneed position. The plan is saved on the computer for use on the day of surgery.

The unicompartmental operation is done through the smallest incision used for any knee replacement operation. The skin incision only needs to be large enough to gain exposure to the area of worn out cartilage and bone. The deep surgical dissection does not cut or injure any ligaments. The components can be placed in the correct orientation without exposing a large area of bone and this makes the recovery from surgery easier and faster than the recovery from more extensive operations such as a total knee replacement. Patients usually stay overnight but it is possible to go home on the same day as the operation.

We are happy to report that one year after starting the MakoPlasty procedure the patients and surgeons are pleased with the results. The images obtained on the computer during surgery match the final postoperative x-rays. The recovery has been faster than that for total knee replacement and patients have returned to activities such as golf and long walks sooner than expected. These early observations are encouraging and we plan to continue to collect data to allow scientific reporting of our results. The future of robotic surgery will include two compartment resurfacing and applications to hip surgery. We will keep you informed of new technology in future issues of the Joint Journal.

Dr. William Long Named Citizen of the Year by International Association of Lions Clubs

The International Association of Lions Clubs honored Dr. William T. Long as Citizen of the Year at a banquet on March 21, 2009. The Lions Club is an international service organization with 1.3 million members worldwide. Francis Williams of the Inglewood Lions Club nominated Dr. Long because of outstanding service to the Inglewood community where he grew up. Dr. Long was recognized for providing free joint replacements to under served people in Inglewood and to those in poor communities around the globe as part of Operation Walk. He gives time and expertise to local student athletes as a track and field coach. As a mentor he helps young people who are interested in careers as healthcare professionals. The Arthritis Institute congratulates Dr. Long and we thank the International Association of Lions Clubs for recognizing his contributions.

THE FIRST POST-OP VISIT

by Lisa Fujimoto, P.A.



At the post operative visit, there are several common symptoms that are shared amongst our patients. Besides swelling and bruising, soreness secondary to overdoing activities is the most common. Many patients feel very well after going home from the hospital, and frequently end up doing way too much. Patients quickly learn

from this experience. After resting and reducing activities, they are back on the road to recovery. Another common symptom is stiffness in the joints, especially after sitting for long periods of time, or when waking up in the morning. The stiffness usually goes away after taking a few steps and moving around. Patients may also have a difficult time falling asleep or getting into a comfortable position at night. Repositioning pillows may help, and Tylenol PM or Benadryl may assist in getting a good night's sleep.

For total hip replacements, some patients may hear a clicking sound in their hip. The sound is normal, and the frequency of the clicking will decrease with time. This will decrease as the capsule, the tissue which surrounds the head, begins to scar down and tighten. It takes about 3 months for this healing process to occur. Some patients may also have the sensation of sitting on a wallet or on a rock. It may be uncomfortable to sit for long periods of time. This is a normal feeling. A few patients may have a slight, dull ache in their thigh. The ache is caused from the remodeling of the bone. In this process, bone grows onto the surface of the prostheses in the femur. This remodeling takes about 9 months to occur. The ache may be present for a few months or it can last for up to 18 months for some, and anti-inflammatories can help with this symptom. Patients with knee replacements commonly experience a "tight band feeling" across the knee. This is due to swelling in the knee, and is a very common symptom. Elevating the lower extremity, icing, and anti-inflammatories are the keys to reducing the swelling.

The key to a good recovery from joint replacement surgery is confidence. This confidence stems from a number of factors. Having a surgeon and a qualified team is especially important. The team at the Arthritis Institute provides continuity of care for the patients. It is also important to know what to expect before, during, and after the surgery. This is taught in the pre-op class. With this confidence, patients do better, recover faster, are able to get back to their activity goals sooner, and their surgical satisfaction is higher.

PROPER RECOVERY AFTER SURGERY

by Don Shimabukuro, P.T.



Proper recovery after surgery can minimize complications and enable you to return to normal activities sooner. Remember, you cannot speed up the healing process. You can only prolong it.

To ensure optimal post-op recovery, you should allow yourself time to heal, gradually increase your activity

level, and eat a balanced meal everyday.

Resting is very important for the body to heal. Over activity can result in irritating the tissues surrounding the repaired joint and cause more swelling and pain. You will not be able to exercise or walk as effectively when this occurs. Post-operative exercise and activity vary per individual. How much is too much? The saying "no pain, no gain" does not apply in this situation. Post-operative pain following surgery is normal, but you do not want to push really hard through it. If this happens, you will not be able to effectively exercise and perform your daily activities for the next day or two. This will also prolong your recovery time. Allowing the body to take rest breaks throughout the day will enable you to recuperate and maintain a good energy level. Even though you can immediately walk and exercise after your operation, start conservatively. Build up the walking distance and exercise routine gradually.

Recognizing when you have overstressed the joint is important. There will be more swelling, pain, and tightness. This usually occurs after the activity has taken place rather than during. Do not exercise or exert yourself to the point of having increased pain. Continue to ice and elevate the operative leg after each exercise session and as long as there is swelling present. You may decrease the frequency of icing when the swelling starts to subside. Exercise should be pain free with some mild to moderate stretching of the muscles surrounding the repaired joint. If increased swelling and pain occur, rest for the remainder of the day and into the following morning. Do not forget to ice and elevate the leg. To limit the stiffness, gentle stretching and range of motion exercises should be performed. Once the swelling and pain have decreased, then resume your exercise routine at a more conservative level. That means do not walk as far or be up as long as when the swelling occurred.

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LETTERS TO THE EDITOR:

My story-Jeanette Risco



Marvin, Jeanette and Francesca Risco

I had total hip replacement surgery with Dr. Dorr Sept. 1, 1998. My decision came after a very long 15 years of pain, walking with a limp, and using a cane. I visited several doctors through a process that was very emotional and very difficult, I was afraid that I would never find a doctor that would agree to “fix” me. I had one surgery previous to the replacement in 1983, when I was 15 years old, to correct a congenital subluxation problem, (basically I was born without a hip socket). The result of that first surgery left me in the state of pain I continued in for the following 15 years, until I met Dr. Dorr.

I am 40 years old now, and I am on year 11 of my hip. I do not ski, I do not run, (except once, my friend and I were being chased by a mugger in Uruguay, South America) and I don’t play tennis. I DO exercise, I use my hip. I take low-impact aerobics classes, like spinning, water aerobics, and weight training boot camp, and I walk! I LOVE to walk with every step, I remember the pain I used to have and I think how lucky I am now.

Yesterday, I logged 7 miles in my training journal. I have decided this year that I will participate in the Susan G. Komen 3 day walk for Breast Cancer in Seattle, WA Sept. 11-13, 2009. I cannot tell you how many people are concerned about me doing this walk. As I sit here today at my computer and type this letter, I am not in pain, my muscles are tight, and I feel great.

My seven year old daughter and her friend are playing outside in their fort, and I am reminded once again, every time I see her, that I NEVER even dreamed about being able to give birth, because I couldn’t even walk without pain.

I cannot say that after surgery, it was easy, I had a longer than normal recovery period, and I had several set-backs and a lot of frustration. However, I am happy and proud to share my story, and if you are feeling fearful, please remember me, and try not to be afraid. Today, I have a very normal and active lifestyle and I am a mom and very happy!

To all the A.I. staff,

After a year of pain in both hips I came to the Dorr Arthritis Institute and even before x-rays were taken Dr. Dorr told me that I needed hip replacement. So, in February 2008 I had the left hip replaced. After that healed I had the right hip replaced in October 2008. I have no pain and can think of a future now without pain. I am 80 years of age. Thanks to everyone for the great care and concern each one of you had for me.

Jeanette Meyer

PATIENT REFERRAL PROGRAM

Before you had surgery did you think that it would be nice to talk to someone who had already been through the operation? Someone who had been through the surgery with your doctor and his team? The Arthritis Institute offers such a program. If you have seen one of our doctors and had an evaluation here and wish to talk to a patient who has undergone the same type of surgery that you need, you can call for a referral. If you are a former patient who is willing to talk to other patients who are undergoing this type of surgery, please call

Jeri Ward, R.N. at 213-977-2511.

HIP AND KNEE REPLACEMENT IN LARGE PATIENTS

by William T. Long M.D.

The Arthritis Institute cares for large or over weight patients who need joint replacement surgery. We routinely perform hip and knee replacement surgery on big patients who suffer from severe arthritis. Many large patients tell similar tales of how they were discouraged by surgeons from having the same operation that was offered to their smaller peers. The Arthritis Institute routinely offers joint replacement surgery to patients of various sizes because it can be performed safely with great benefit to these patients. When the relatively thin layer of cartilage that protects the end of the bone wears away the exposed bone and nerve endings below produce deep and severe pain. When bones grind together the bones of a large patient hurt just as much as those of a small person. Unfortunately heavy patients are frequently offered weight reduction and pain medication while smaller patients are encouraged to have joint replacement. Far too often this recommendation does not change even when the non-operative treatment provides no relief. Immobility and lack of regular physical activity make health problems caused by arthritis worse.

It is true that hip and knee replacement can be the most important intervention that puts an immobile and inactive person back on the road to a healthy life. It is also true that a patient can become so large that surgery becomes difficult for the surgeon to perform. There is no size and weight cutoff that separates good candidates from bad candidates. The key to making the correct decision for an individual patient is a comprehensive team approach.

An operation that is considered unsafe in the hands of one surgeon may be safe in the hands of another. The large patient should ask the orthopedic surgeon if he or she feels comfortable performing the operation on them. Some surgeons will admit that they do not feel confident that they can accomplish the goals of surgery. They may have little experience operating on large patients. By asking the surgeon directly the patient may find that instead of discouraging the patient from seeking the operation the physician may make a referral to a physician who regularly treats large patients.

Internal medicine specialists evaluate patients before surgery and their role is critically important in the surgical treatment of obese patients. Even if the surgeon is confident that the operation can be done successfully the internal medicine doctor

must agree that the patient is in good enough health to have an operation. Diagnostic tests or special medical interventions may be necessary in order to prepare the patient for the elective operation. The team of internist who care for the Arthritis Institute patients have a wealth of knowledge and experience caring for patients before and immediately after joint replacement. They are familiar with the type of anesthesia used, the medications given before and after surgery, and they are tuned in to the rhythm of the hospital stay and discharge planning. Without a great team of internists, surgery on large patients can be unnecessarily risky.

An orthopedic surgeon may avoid operating on a large patient because they have no control over which doctor provides anesthesia or the type of anesthesia that is given. Epidural anesthesia is preferred because it avoids intubation, decreases the incidence of blood clots, decreases bleeding, and eliminates the use of inhaled anesthetic gasses. These medications are absorbed into fatty tissues and affect the brain and lungs long after the operation is over. At the Arthritis Institute a team of three experienced anesthesiologist provide anesthesia using proven and successful protocols that the surgeons and internists agree with. The operating room team also includes nurses and surgical technicians that position the patient, and assist in all aspects of the operation. Computers assure the accurate placement of components even when the operation is performed on larger patients through smaller incisions.

The operation typically lasts one hour but patient care begins with the office visit and continues on the hospital ward. The office staff, nurses, therapists and other members of the Arthritis Institute care for approximately 1000 surgical patients each year. Patients are treated with dignity and respect. Simple activities such as helping a patient move in or out of a chair or bed may require special techniques. Special assistance is provided without making the patient feel embarrassed or burdensome.

Patients with hip and knee arthritis need access to joint replacement surgery whether they are large or small. The risk of surgery can be increased in some patients because of their size. Despite the challenges large patients with arthritis need relief from arthritis pain just as other patients need help. By addressing the needs of each individual it is possible to deliver outstanding orthopaedic surgical care to large patients using a team approach.



The Moore Family: In the front row: Richard and Josephine, in the second row left to right: Helen, Cat, Eleanor. Anne, Marry and Barbara in the back row left to right: John, Richard, Tom, Joe and Michael

“During this blessed Christmas season it is all about sharing with others who are not as fortunate as we are. Beside having the love of our family, good health, and the basic needs for our good lives, we have two parents who have taught us the values of giving to less fortunate people. As you may be aware, Mom and Dad collect orthopedic equipment for an organization called Operation Walk. This organization was started by Mom’s doctor (Lawrence Dorr) in 1995. Each year Dr. Dorr and his staff that includes doctors, nurses, and physical therapists travel to a third world country to perform orthopedic surgeries. Besides performing these procedures the doctors and nurses (who are all volunteers) also instruct the local area doctors and nurses on current medical procedures. All of the medical equipment, medicines, time, and travel are all donated thanks to people like Mom and Dad. For more information on this non-profit organization please visit their web site at www.operationwalk.org.

with an envelope with a check made out to Operation Walk at our family Christmas party on December 20th. The amount you give is entirely up to each family and Mom and Dad would be so proud of any amount offered. Let’s make this a surprise.”

The above letter was sent to all 12 of Richard and Josephine Moore’s children. We were delighted and honored to be the recipients of such a wonderful Christmas gift from the Moore family. We are dedicating our trip to Antigua, Guatemala to them in August 2009. Josephine and Richard have made a contribution to this program that has helped so many people. We appreciate the Moore family thoughtfulness and their support of our endeavors.

Instead of our family trading gifts this year wouldn’t it be great if each family presented Mom and Dad

Proper Recovery After Surgery

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Once home from the hospital, take a short walk outside and then ask yourself these questions. “Do I have more pain or swelling after the walk?” If yes, then that was too far. Next time out, walk a shorter distance. Next, ask yourself “How much swelling do I have?” If it is significantly more than prior to the walk, then you walked too far. If not, then continue to gradually increase the distance walked. There may be more swelling toward the latter part of the day because you are up and about more than when you were in the hospital. This is normal. Remember to space your activities throughout the day allowing yourself to rest in between. Continue to ice and elevate your operative leg as long as there is swelling present. As the swelling subsides, you may not have to ice and elevate as frequently. You may also be up for longer periods of time.

Proper nutrition is important to enable the body to heal and recover from surgery. Eating a balanced meal will ensure proper wound healing and enable you to exercise daily. Protein helps to heal tissues and build muscle. Carbohydrates help with maintaining your energy level and activity tolerance. Do not forget to drink plenty of fluids. Dehydration can cause fatigue, cramping, and constipation. Plan your day. Space your activities out to ensure proper rest periods.

To ensure optimal recovery after your surgery, make resting, exercising, and having proper nutrition your priority. You will then return to your normal routine without complications sooner than later.

KOREAN ARTHRITIS HEALTH DAY

On Saturday November 22nd, 2008, the Arthritis Institute put on Arthritis Health Day for the Korean community at the Aroma Spa and Sports Facility in Korea Town. We are grateful for the help of two of our outstanding nurses, Sang Ra, R.N. and Nina McDonald, R.N. who helped interpret and answer patient questions. The event drew over 200 people. Topics covered were navigation surgery, computer assisted surgery, anesthesia, and recovery.



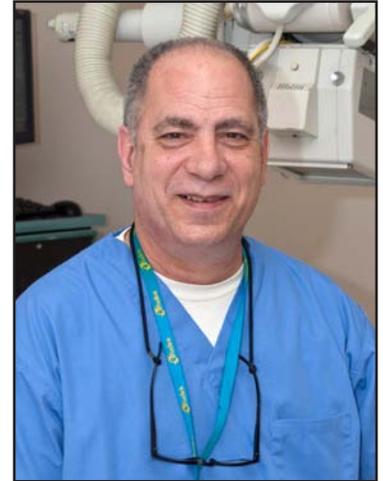
Lunch was provided by Care Providers, Inc.

MEET THE STAFF

John Coccio

My name is John Coccio. I am an x-ray technician working for the Dorr Arthritis Institute at Good Samaritan Hospital.

I am a native of Philadelphia, Pa. I moved to California when I was 7 years-old. I first became interested in health care when I served in the U.S. Navy where I was a medical supply clerk.



I have been working for the institute for seven years. I have worked in many doctor's offices; however working at the Arthritis Institute is unique. Our dedication to service is unmatched anywhere that I have seen. In an age when everything seems to be self-serving, it is nice to provide a service to our patients that is different from everywhere else. I am very proud of the work I do and I look forward to providing the excellent service that is our standard of care. Our doctors and our staff are like a second family to me. I have volunteered many hours helping to pack supplies for Operation Walk and I hope to travel with the team in the near future.

In my spare time I enjoy singing and playing guitar in a blues band. I also like to travel to my favorite country Thailand. Thailand has an interesting culture and the food is great!

I look forward to seeing you in the Radiology Department.

Dr. Michael Harris Moves On

Starting April 9, 2009, Dr. Michael J. Harris will no longer be with the Arthritis Institute He will be seeing patients at The Marina Spine Center, located at: 13160 Mindanao Way, Suite #325 Marina del Rey, CA 90292 Phone 310-448-7890

Anyone who wishes to continue their follow-up care at the Arthritis Institute at Good Samaritan Hospital is encouraged to do so. Our team will continue to give the top quality service that you are accustomed to and Dr. Dorr and Dr. Long will be more than happy to continue your follow-up care.

Please call 213-977-2450 for an appointment.

THE DORR ARTHRITIS INSTITUTE GUEST SPEAKER PROGRAM

Do you have a group that would like a talk on what's new in joint replacement surgery? If so, the Dorr Arthritis Institute staff and physicians would be happy to serve as speakers for your group! We can provide speakers for groups that meet on the weekends or in the evening. For arrangements, please call Jeri Ward RN at 213-977-2511 or e-mail JWARD@GOODSAM.ORG.

Our talks are perfect for active senior groups, church groups, clubs and professional organizations.

www.dorrrarthritisinstitute.org

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