

& Joint News

TRI RIVERS SURGICAL ASSOCIATES

SUMMER 2004

Bone

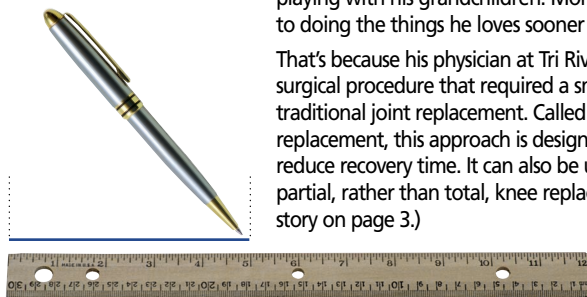
Minimally Invasive Knee Replacement

At one time, David F., 61, of Butler, could predict rain more accurately than the local weatherman. A retired steelworker, David didn't consult high-tech meteorology instruments to make his predictions. He simply gauged his arthritic knee pain.

"I could tell not only when rain was coming but at approximately what time," he joked.

David's days of amateur meteorology ended a month ago when he underwent minimally invasive total knee replacement surgery. Now, he looks forward to enjoying his retirement, taking walks, having dinner out with his wife and playing with his grandchildren. More importantly, he's back to doing the things he loves sooner than he ever expected.

That's because his physician at Tri Rivers Surgical used a newer surgical procedure that required a smaller incision than traditional joint replacement. Called minimally invasive joint replacement, this approach is designed to spare tissue and reduce recovery time. It can also be used in patients for whom partial, rather than total, knee replacement is an option (See story on page 3.)



There may be less to this surgery than you think.

Doctors can now replace a damaged knee through an incision that's shorter in length than a ball point pen.

ment," said Thomas S. Muzzonigro, M.D., orthopedic surgeon at Tri Rivers.

According to Dr. Muzzonigro, traditional knee replacement is typically done through an incision 10 inches or longer. Thanks to advancements in operating techniques and surgical instruments, minimally invasive knee replacement surgery can be completed through an incision only four to five inches in length.

"Compared to traditional knee replacement, minimally invasive surgery may result in less trauma to the tissues surrounding the knee, decreased blood loss, a shorter hospital stay,

"Using this minimally invasive approach, we can now perform knee replacement surgery through incisions that are half the size of those used for traditional joint replacement,"

accelerated rehabilitation, better joint motion and a quicker recovery," he said.

For David, there seems to be only fair weather ahead. After delaying surgery for more than two years, his only regret is not having his knee replaced sooner.

"Don't wait," he tells others considering the procedure. "You're losing precious time that could be spent doing the things you enjoy."

Total joint replacement is considered when nonsurgical treatments such as medication, injections and physical therapy can no longer control arthritis symptoms. During surgery, the physician removes the damaged bone and cartilage and replaces it with a metal and plastic implant. The day after surgery, patients are encouraged to get out of bed and are able to bear weight as tolerated. They begin physical therapy to build strength and improve mobility.

Continued on page 3

A Spoonful of Sugar

Managing Arthritis with Medication

While more than 30 million Americans suffer from osteoarthritis, three of four of these patients can be managed without surgery.

"Many patients successfully use medications to manage symptoms like pain, stiffness and swelling," said William D. Abraham, M.D., an orthopedic surgeon at Tri Rivers who is fellowship trained in joint replacement. According to Dr. Abraham, several types of medications are used to treat osteoarthritis, a condition in which the cushioning cartilage between bones wears away:

Simple pain relievers

"Simple pain relievers, like acetaminophen, are available without a prescription and can be very effective in reducing pain," he said. "In fact, these are usually the first choice of treatment."

Acetaminophen is an analgesic, a type of medication designed for pain relief. If you experience severe pain that is not being managed by a simple analgesic, your physician may prescribe a stronger, longer-lasting medication.



Free medication card available

What medications are you currently taking? Do you draw a blank when asked this question at your doctor's visit? Creating a personal medication record is a convenient way to keep track of any over-the-counter drugs, prescription medications or dietary supplements you may be taking. Carry this wallet-sized list to medical appointments to help you provide an accurate report of your current medications. Request a free medication record by returning the postage-paid postcard on the back panel of this newsletter.

"One drawback of analgesics is that they don't combat joint inflammation. Also, over time, your body can develop a tolerance to these medications, reducing their effectiveness," Dr. Abraham said.

NSAIDs

More potent is a nonsteroidal anti-inflammatory drug, or NSAID. Members of this drug family are sold under the brand names of Advil®, Aleve®, Motrin®, Lodine®, Mobic®, Naprosyn®, Anaprox® and Feldene®. They are available both over the counter and by prescription. Higher dosage NSAIDs are prescribed to reduce more severe symptoms.

"NSAIDs block prostaglandins, which are hormone-like substances that contribute to pain and inflammation," Dr. Abraham said.

"While NSAIDs may relieve joint pain, they can cause stomach upset, nausea and ulcers. Taking your medication with food, a glass of milk or an antacid can help," Dr. Abraham said.

Other possible side effects include changes in kidney and liver function and a reduced ability of blood to clot. That's why long-term NSAID users need to have blood counts and liver enzymes checked periodically.

COX-2 inhibitors

"COX-2 inhibitors are the newest subset of NSAIDs. They help reduce pain and inflammation like traditional NSAIDs, but are designed to have fewer gastrointestinal side effects," he said. "This newer class of medication allows for safer treatment of a larger number of patients who may have other medical conditions or use blood thinners."

Common brand names of COX-2 drugs include Bextra®, Celebrex® and Vioxx®.

Dietary supplements

Though they're not technically medications, many patients seek pain relief in dietary supplements like glucosamine and chondroitin sulfate. The two substances are often combined and sold over-the-counter.

People who use glucosamine and chondroitin sulfate hope that it not only relieves arthritis pain but also helps repair and restore damaged cartilage.

"While recent studies support their anti-inflammatory benefits, there is no proof that they will actually slow or repair cartilage damage," said Michael W. Weiss, M.D., an orthopedic surgeon with Tri Rivers. "I usually tell my patients to try the supplement for

Look who's new to the cast



Tri Rivers Surgical is pleased to welcome F.X. Plunkett, M.D., to the practice. Dr. Plunkett will see clinical patients in Tri River's North Hills office, where he will provide quality, specialized care for: joint pain; arthritis; shoulder, elbow and hand problems; fractures; sprains

and strains; sports injuries; and orthopedic concerns. For more information or to make an appointment, call Tri Rivers toll free at 1-866-874-7483 or log onto our web site at www.tririversortho.com.

six weeks. If it helps their symptoms, great. If not, stop taking it."

Dietary supplements are not regulated by the Food and Drug Administration. Without FDA standardization, consumers can't be sure that what is listed on the label is really in the bottle. Carefully researching a reputable manufacturer can help ensure you're getting what you pay for, Dr. Weiss said.

Joint Injections

Intra-articular injections place needed medication directly into the arthritic joint. This type of therapy is most effective in patients with mild to moderate osteoarthritis. The two most commonly injected medications are corticosteroids and hyaluronic acid.

"Corticosteroids are hormones found in the body. When injected into an arthritic joint, they can relieve pain and reduce inflammation for several months," Dr. Weiss said.

Viscosupplementation, or joint fluid therapy, is another way of managing pain in an arthritic joint. This treatment is currently approved for treatment of knee arthritis and involves injecting hyaluronic acid into the joint. Hyaluronic acid is similar to synovial fluid, the naturally occurring fluid in the knee. It reduces friction from roughened cartilage and provides lasting relief from arthritis pain for many patients.

Joint injections have sometimes been associated with a flare of pain and swelling immediately following the shot. The chance for long-term joint damage from repeated injections and the risk of infection should be considered.

"Like medicinal therapies, joint injections are designed to improve symptoms," Dr. Weiss said. "The most permanent solution to arthritis continues to be total joint replacement. But managing arthritis pain with medications may allow you to delay or avoid surgery."

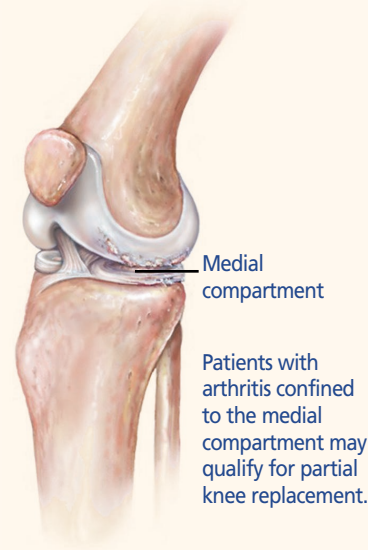
Partial knee replacement can provide whole lot of pain relief.

In addition to total knee replacement, patients who meet specific criteria may be candidates for another minimally invasive technique called unicompartmental, or partial, knee replacement.

"The knee is comprised of three joint compartments — medial, lateral and patellofemoral — that can be affected by osteoarthritis. Patients with early-stage arthritis that is primarily confined to the inside, or medial, compartment may qualify for partial knee replacement surgery," explained D. Kelly Agnew, M.D., orthopedic surgeon with Tri Rivers Surgical.

This procedure differs from standard knee replacement surgery because only a portion of the knee, rather than the total joint, is replaced. During partial knee replacement surgery, the surgeon removes diseased bone only from the medial compartment and replaces it with a metal and plastic implant. This approach is designed to spare more tissue and reduce recovery time.

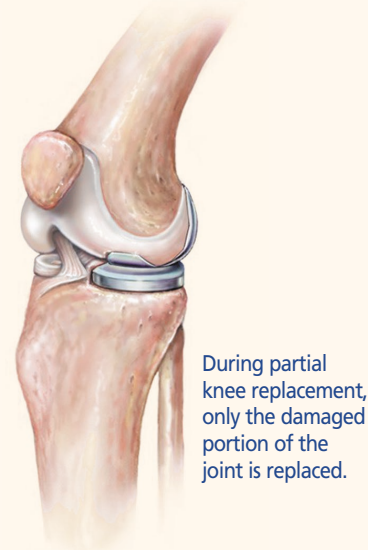
"Following knee replacement surgery, patients typically experience dramatic reduction in pain and stiffness and often find they can do things they haven't done in years," Dr. Agnew said.



When to Consider Knee Replacement

When arthritis in a joint becomes severe, the smooth cartilage surface covering the bones wears away and results in bone rubbing on bone. Further deterioration can cause chronic pain and deformity of the bone and joint. Patients with severe arthritis may want to consider joint replacement if they experience:

- Unrelieved pain for six to 12 months
- Symptoms that significantly affect their ability to perform normal activities
- Pain that regularly interferes with sleep
- Pain and loss of mobility that greatly affect quality of life



Minimally Invasive Knee Replacement

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"Minimally invasive joint surgery carries the same risks associated with traditional surgery but may result in less trauma to the soft tissues of the joint, which may encourage an accelerated recovery. As with all innovative procedures, long-term risks and benefits have not yet been determined," Dr. Muzzongiro said.

Patients interested in learning if they are candidates for knee replacement surgery should consult a board-certified orthopedic specialist. After careful examination of the affected knee, your physician will verify the type of surgery that is right for you. He will also discuss the potential risks associated with each technique. Finally, to achieve the best outcome, minimally invasive joint replacement surgery should be performed by a physician trained and experienced in this procedure.

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