

SURGICAL STRIDES

what's new in orthopedic procedures

Operations now use less invasive methods, leading to quicker recoveries

When medications can't repair an injury or restore a joint to pain-free motion, it's time to see an orthopedic specialist to evaluate your surgical options. Fortunately, the surgeons at Monmouth Medical Center report, this area of medicine is advancing rapidly.

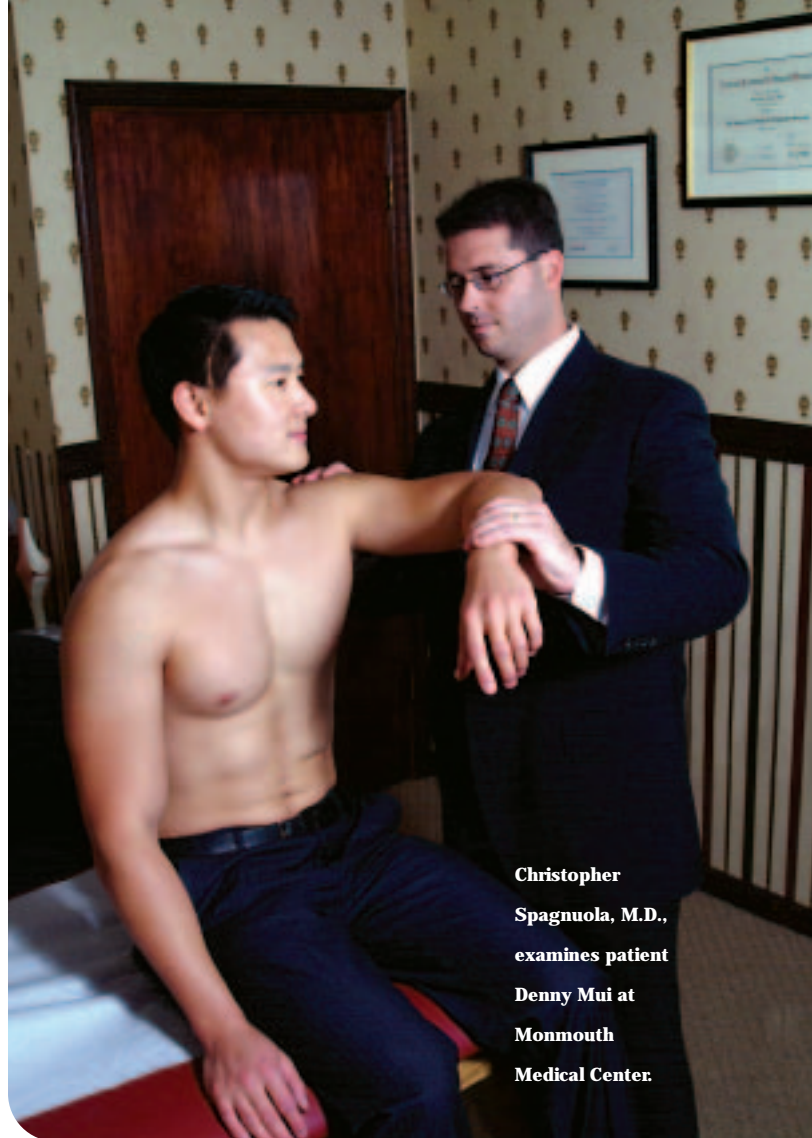
Joint replacement has become a realistic option for younger people because artificial joints are longer-lasting, according to David Chalnack, M.D., a surgeon who replaces about 100 knees and 100 joints each year. Where once it was considered a triumph to get 10 years' use out of an implant, today's implants—made of ceramics and highly cross-linked polyethylene—will likely last at least twice that long. As a result, patients no longer need to endure years of pain and limited movement waiting for the right age to operate.

Today, smaller incisions are used in many of these procedures, says Dr. Chalnack, which means “less dissection, less tissue damage and a quicker, easier and less painful recovery.”

Another trend, says Monmouth orthopedic surgeon Christopher Spagnuola, M.D., is the continued advance of arthroscopic surgery. Twenty years ago, surgeons inserted a camera called an arthroscope via small incisions to look into a joint and see what needed repair. Next, a large incision was made to repair the tear. “Then we realized, ‘Wow! We can actually treat it through the camera,’” says Dr. Spagnuola.

Two surgical milestones at Monmouth

- “We recently did our first computer-assisted total joint replacement,” says Monmouth Medical Center orthopedic surgeon David Chalnack, M.D. “In this procedure, the computer helps determine the angle and rotation of the various cuts required.” The patient, he says, had had several prior surgeries and “hardware in place” that “made it impossible to do the repair the traditional way.”
- Monmouth is one of only a few New Jersey hospitals to perform cartilage transplantation in the knee, otherwise known as autologous chondrocyte implantation. “Often, if a fairly young person has a knee injury, we can see that he or she will develop early arthritis,” says orthopedic surgeon Christopher Spagnuola, M.D. “We can now take a few healthy cartilage cells from the patient, grow them in a lab, and put them back in the knee, where they will adhere to bone. It's the closest thing we have to giving patients their cartilage back and preventing arthritis.”



Christopher Spagnuola, M.D., examines patient Denny Mui at Monmouth Medical Center.

Arthroscopic surgery is now the standard of care for repairing anterior cruciate ligament tears in the knee, an injury common in active women. Success rates are up to 95 percent, and some high-level athletes are back on the field as early as four months after surgery. In another frequent procedure, repair to a torn rotator cuff in the shoulder, Dr. Spagnuola estimates that 50 percent of surgeons sometimes employ an all-arthroscopic technique, but the approach still isn't the standard of care for all tear patterns.

“If a tear is too big or retracted, some doctors feel they should do only part of the procedure arthroscopically, followed by open surgery to repair the tendon,” he says. “But the latest sports-medicine training is beginning to challenge that.”

Dr. Spagnuola does about 95 percent of his rotator cuff repairs with an all-arthroscopic technique. This approach has the potential to lessen pain, restore motion faster and minimize stiffness in recovery compared with open procedures. Arthroscopic surgery is now “trickling down” to foot, ankle, hand and wrist operations, the doctor reports. **M**