

THE UNIVERSITY OF TOLEDO  
**MEDICAL CENTER**

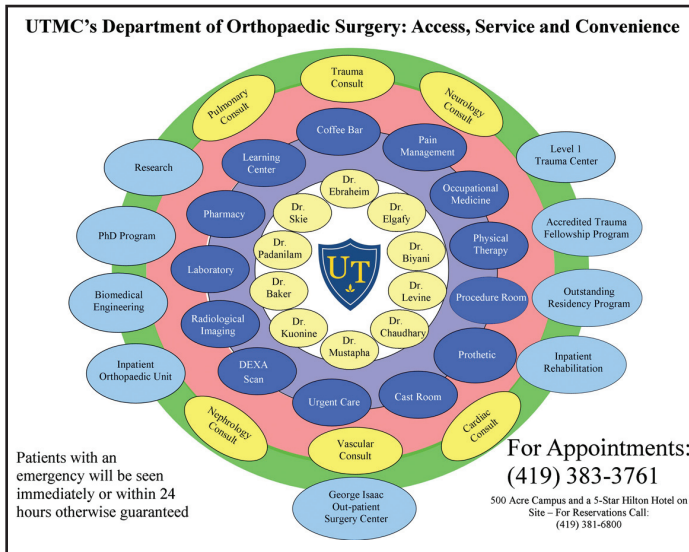
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THE UNIVERSITY OF TOLEDO MEDICAL CENTER

# ORTHOPAEDIC MONTHLY

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## Striving For Excellence by Providing Access, Service and Convenience



By Dr. Nabil Ebraheim, Editor

September represents an exciting time for the Department of Orthopaedic Surgery. After months of anticipation, we are wrapping up construction on our new Orthopaedic Center. The once slab of concrete is now adorned with wood and carpet floors, colorful walls, beautiful glass windows and state-of-the-art technology. While the building does exude newfound elegance, it does not change the department's mission of striving for excellence by providing exceptional access, service and convenience to our patients.

At the University of Toledo Medical Center's Department of Orthopaedic Surgery, it's important that all patients have access to timely appointments. That's why when our clinic number (419-383-3761) is called, we guarantee an appointment immediately if it's an emergency or within 24 hours otherwise. The Orthopaedic Center will have an urgent care room which will be especially helpful for children so they don't miss school because of injuries. There will be no need to shuffle from the doctor's office to the

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## Multiple Trauma Patient Depends on UTMC to Save Life and Limbs

As Beth Hite laid in her car on a mid-October night, she knew she was hurt badly and that her life was never going to be the same again. With a Life Flight helicopter flying overhead, red and blue lights flashing in the distance, Hite could hear the rescue teams prying the roof from over her head. Her only comfort was the voice of an EMT who had climbed in her back seat. With seat belt fabric etched into her skin and fragments of her dashboard impaled in her legs, Hite was pulled out of her vehicle after an hour.

Hite demanded rescue workers to take her to The University of Toledo Medical Center. As she arrived at UTMC, she said she remembers hearing the running steps of the trauma team meeting the Life Flight team. She then remembers being transported to the Radiology Department. The results were astounding: a fractured left clavicle, ribs, right hip and right femur; a shattered right knee, right heel, right ankle, left foot and left femur; a hand that nearly had to be amputated; a traumatic brain injury; a pancreatic contusion; a

severed radial artery; a cardiac contusion; a liver hematoma; and a small bowel tear. According to Hite, the next few weeks were somewhat of a blur.

"The last thing I remember was a kind anesthesiologist gently placing a mask on my face and saying, 'good night, we'll see you in the morning,'" Hite said. "The first surgery lasted through the night and into the following day."

After that first night of surgery, Hite had an uphill battle. Along the way, she had countless additional surgeries and moved in and out of surgical intensive care, transitional care and rehabilitation for nearly five months. According to Hite, she would never have been able to handle the situation had it not been for her exceptional orthopaedic and other hospital care.

"The loneliness was awful," Hite said. "The physicians and staff who treated me were truly a gift from God. The UTMC staff saved my life and limbs and restored my function."

UTMC staff discharged Hite after two months at UTMC to

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## STRIVING FOR EXCELLENCE

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emergency room because every service will be located in one convenient location.

The Orthopaedic Center was built to serve the community. To provide this comprehensive service, we have assembled an outstanding team that treats all orthopaedic conditions from neck to toe including care for the injured, the sick, the healthy, the young and the elderly. When I say comprehensive, I mean we treat a variety of area, including fractures, spine, shoulder, knee, hip, hand, and foot and ankle. The Orthopaedic Center will house laboratory, digital imaging, bracing and prosthesis and physical therapy services. Our current patients have been very pleased with our service, providing consistent positive feedback for treatment they received.

With the opening of the Orthopaedic Center, comprehensive patient care has

never been more convenient. Patients have access to all services in one location. If patients need to be admitted, it's reassuring to know they are being admitted to a Level 1 Trauma Center equipped to handle the most serious types of injuries. Moreover, if they need outpatient services, patients have access to the George Isaac Minimally Invasive Surgery Center – one of the best outpatient facilities in orthopaedics. Rheumatology, physical medicine and rehabilitation, pain management and occupational medicine services are all also accessible. In addition to what I've mentioned, the department has been communicating with cardiology, vascular, nephrology, neurology, and pulmonary departments about securing consultations for patients visiting our center.

We'd like to invite every employee to take a tour of the UT Orthopaedic

Center. These tours already have yielded positive remarks about the new center. The Orthopaedic Center is something that everyone worked extremely hard for and should be proud of. It wasn't built by one person overnight, but was instead built by the group working as a whole. As a department, we have unmatched talent. We have the best nurses working in the operating room...I wish we had more! We have an outstanding residency and fellowship program with gifted faculty. And, of course, we have a large number of support personnel, each contributing a unique talent. Sometimes I can't believe this is actually happening. With this new Orthopaedic Center, we must honor and respect the commitment the University has made. To that end, we continue to strive for excellence by providing access, service and convenience.

## Multiple Trauma Patient continued from page 1

St. Luke's Hospital Inpatient Transitional Care, where, Hite spent six weeks before returning to UTM's Coghlin Rehabilitation Hospital for intensive physical and occupational therapy. According to Hite, being a multi-system trauma patient was a difficult hardship.

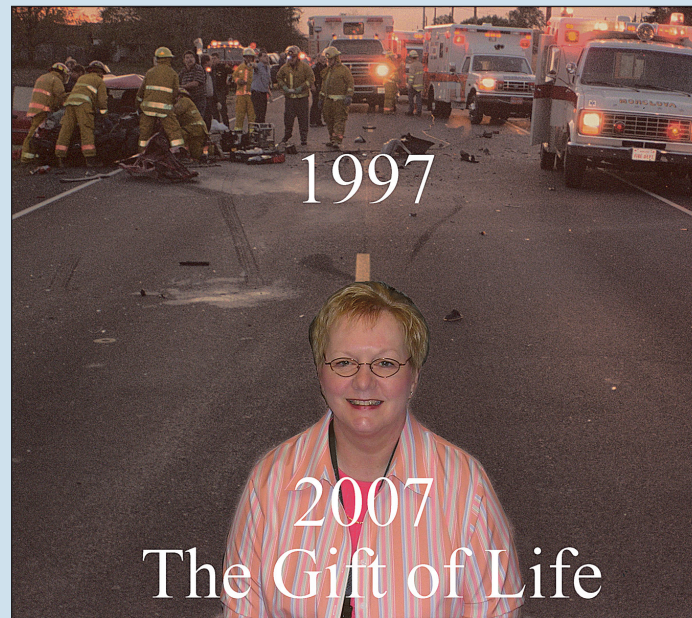
"We would be so excited after each procedure and then, boom, we'd be faced with another complication," Hite said. "This is typical with multiple trauma cases. However, when we feared there was no hope, UT Medical Center staff gave us the strength and determination to keep on fighting."

According to Dr. Nabil Ebraheim, professor and chairman of orthopaedics, UTM is ready to handle all emergencies.

"UTMC a Level 1 Trauma Center," Dr. Ebraheim said. "We are equipped to handle the most serious trauma injuries."

Hite was hit head-on and run over by an uninsured, drunk driver. She now spends time giving back to the community by volunteering as a speaker with the Lucas County Victim Impact Panel and also serving on the Lucas County Traffic Safety Committee and the DUI Task Force. According to Hite, the car wreck was no accident.

"The wreck was a deliberate, violent, avoidable crime using a lethal weapon," she said.



### THE UNIVERSITY OF TOLEDO MEDICAL CENTER ORTHOPAEDIC MONTHLY

Editors: Dr. Nabil Ebraheim, department chairman and professor of orthopaedics, and Dave Kubacki, assistant to the chairman.

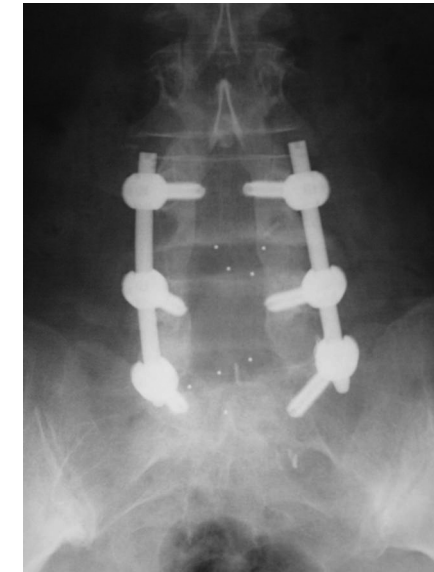
Neither Dr. Ebraheim nor Dave Kubacki have any relationships with industry to disclose.

For medical questions you would like to see addressed in this newsletter, please e-mail Dave at [david.kubacki@utoledo.edu](mailto:david.kubacki@utoledo.edu).

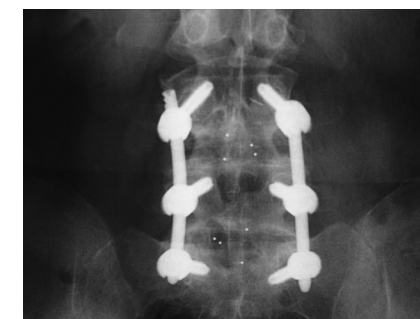
Department of Orthopaedic Surgery  
3000 Arlington Ave  
Toledo, Ohio 43614  
For appointments, call 419.383.3761.

## Physicians Say Minimally Invasive Surgery has Advantages Over Traditional Procedures

In the past 10 years there have been a number of advances in the field of spine surgery techniques. Among those advances is minimally invasive spine surgery. Using a specialized video camera called an endoscope, instruments are passed through small incisions in the back, chest or abdomen to access the spine and perform surgery. Minimally invasive spine surgeons use these



images relayed from the endoscope to guide procedures. While endoscopic techniques have been available for several decades, they were only previously used for diagnostic purposes. As the field advanced and benefits of having minimally invasive surgery surfaced, the endoscope was utilized to be the doctor's eyes inside the body during surgery. Now, minimally invasive surgery techniques are



available to help spinal surgeons handle problems with scoliosis, degenerative discs, tumors, infection, fractures, herniated discs and kyphosis. When minimally invasive spine surgery techniques are discussed, two are very common: endoscopic discectomy and lumbar fusion. According to Dr. Ashok Biyani, assistant professor

or orthopaedics, there are numerous benefits of using minimally invasive spine surgery. "Because of the smaller incision, patients have smaller scars and less pain," Dr. Biyani said. "In addition, there is also less blood loss during surgery, shorter hospital stays and less chance of infection. There are benefits on several different fronts, but patient satisfaction is almost always enhanced." Dr. Nabil Ebraheim, professor and chair of orthopaedic surgery, confirmed the value of minimally invasive spine surgery. Over the past 20 years, Dr. Nabil Ebraheim has been using minimally invasive surgery techniques to treat conditions such as sacroiliac joint pain and fractures. Using the state-of-the-art navigation system or CT-guided system, the procedure is conducted through small incisions to fix problems associated with trauma, fractures and arthritis. According to Dr. Ebraheim, the technique is invaluable.



and surgical time have been attained. According to Dr. Hossein Elgafy, assistant professor of orthopaedics, despite decreasing complications related to traditional open exposures such as wound healing problems and infection, there are still some risks associated with minimally invasive spine surgery.

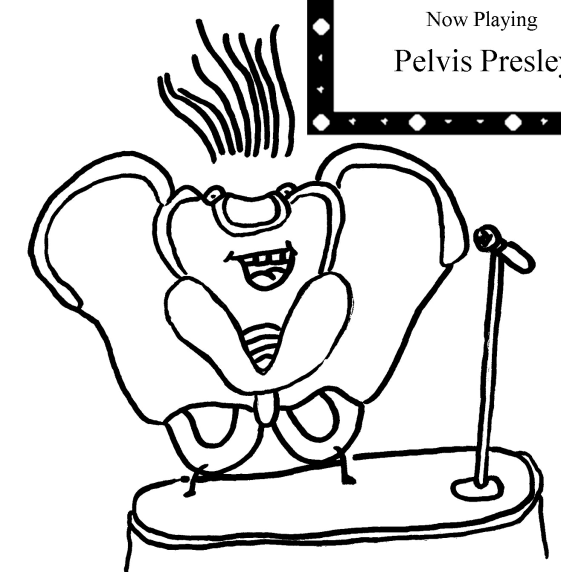
"Soft tissue injury is associated with spine fusion as open exposure and prolonged retraction can lead to tissue necrosis, or death of cells," Dr. Elgafy said. "However, posterior techniques typically use a tubular system that avoids the muscle stripping associated with open procedures."

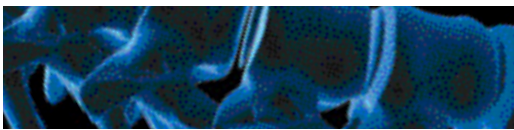
While the benefits of minimally invasive spine surgery are clear, not every person is a candidate. Fortunately, only about one out of every ten patients with spine problems require an operation. Of this 10 percent, however, only 20 to 30 percent are candidates for minimally invasive spine surgery. Patients must meet a number of different criteria to determine if they are candidates for minimally invasive spine surgery, such as prior scar tissue damage and evidence of a build-up of bone in the spinal cavity.

"There are far fewer patient complaints and less blood loss than when open procedures are performed," Dr. Ebraheim said.

Minimally invasive lumbar fusion has been developed to manage degenerative, traumatic and neoplastic conditions of the lumbar spine. With this advancement, improved fusion rates, decreased complication rates

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## Common Sports Injuries and Means of Prevention for Young Athletes

What do NBA sharpshooter Gilbert Arenas, Boston Red Sox hurler Curt Schilling and Cincinnati Bengals quarterback Carson Palmer all have in common?

They've all spent some time on the injured list in the past few years. If these fine-tuned athletes are susceptible to injury, it should be



no surprise that amateur and collegiate athletes are as well. There are numerous types of sports injuries arising from many different circumstances. While there is no full-proof way to safeguard athletes from injury, there are certainly ways to decrease their chances of gracing the injury report.

For younger athletes, there are several physiological factors that contribute to sports injuries. Lack of fully developed complex



motor skills and a temporary decline in coordination and balance during puberty may cause issues with coordination and balance. In addition, limb length increases 1.4 times from age 6 to 14 while limb mass increases by more than three times; this may lead to musculoskeletal

imbalance. According to Dr. Jason Levine, assistant professor of orthopaedics, children have open growth plates that may be more vulnerable to stress.

“Young athletes risk early closure of their physes (growth plates) when doing certain activities such as weightlifting,” Dr. Levine said. “These activities increase the pressure on the physes and can cause them to close prematurely.”

Sports injuries commonly arise from issues of overuse, improper condition, fatigue, and improper warm-ups. When looking at bone injuries, these usually occur through the weakest point of the traumatized region. Overuse injuries are extremely common and arise from tissue being stressed beyond its physical limit. Some prime examples of overuse injuries are tennis elbow, osgood-schlatter disease and carpal tunnel syndrome.

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Department of Orthopaedic Surgery  
The University of Toledo  
3000 Arlington Ave  
Toledo, Ohio 43614

