

THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

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THE UNIVERSITY OF TOLEDO MEDICAL CENTER

ORTHOPAEDIC MONTHLY

Volume 1, Issue 6 November 2007

PATIENTS REACT TO NEW ORTHOPAEDIC CENTER

The UT Orthopaedic Center began seeing patients on Monday, Oct. 15. Here's what some of our first visitors had to say:



"The service is exceptional, the building is beautiful, and everything looks like it is running exactly as planned."

-Leslie and Peggy Snead



The Digital Imaging Team is ready to serve you at the new Orthopaedic Center. "We love working at the new Center!"



"I like the new Center a lot. It was much quicker than before."
-Douglas Hall



"The Center and the service today has been good, really good."
-Ronaldo Gutierrez

NEW ORTHOPAEDIC CENTER OPENS: CONGRATULATIONS UT MEDICAL CENTER!



The public helped to celebrate the opening of the UT Orthopaedic Center on Oct. 7 with educational workshops, children's activities and more.

After six years of planning and months of construction, the new UT Orthopaedic Center is open and accepting patients. What was once just a slab of concrete now houses the most comprehensive, state-of-the-art orthopaedic facility in northwest Ohio.

The building was constructed to serve the community in a unique way. We are seeing patients within 24 hours of their request for an appointment. Of course, if there is an emergency, the patient will be seen immediately. The quick access goes hand-in-hand with providing outstanding service. Our team of 10 orthopaedic doctors is extremely dedicated and talented. Each specialist is available to treat patients from neck to toe, including fracture, trauma, spine, shoulder, knee, hip, bone tumors, foot and ankle and hand conditions.

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NEW ORTHOPAEDIC CENTER OPENS

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Designed specifically to house all services in one convenient location, the center eliminates obstacles to care such as being shuffled around from the emergency room, to the doctor's office, to the hospital. At the UT Orthopaedic Center, patients have access to all necessary services in one convenient location, including registration, billing, exams, digital imaging, procedures, urgent care, casting, rehabilitation, pain management and patient education.

I would like to thank a number of hospital administrators and staff who helped make the project possible. First, I'd like to thank Dr. Lloyd Jacobs, president of The University of Toledo; Dr. Jeffrey Gold, provost and executive vice president and for health affairs and dean of the College of Medicine; and Mark Chastang, vice president and executive director of UT Medical Center. By building the Orthopaedic Center, these individuals have shown the university's commitment to orthopaedics. We will do our best every day to ensure that we honor that commitment with every patient that we see.

In addition, I'd like to thank the marketing staff who helped plan our open houses and has helped promote the services of the new center to the community. I would personally like to thank our physicians, orthopaedic support staff and hospital staff. The Center was built because of their consistent hard work day in and day out. I cannot think of a more pleasant

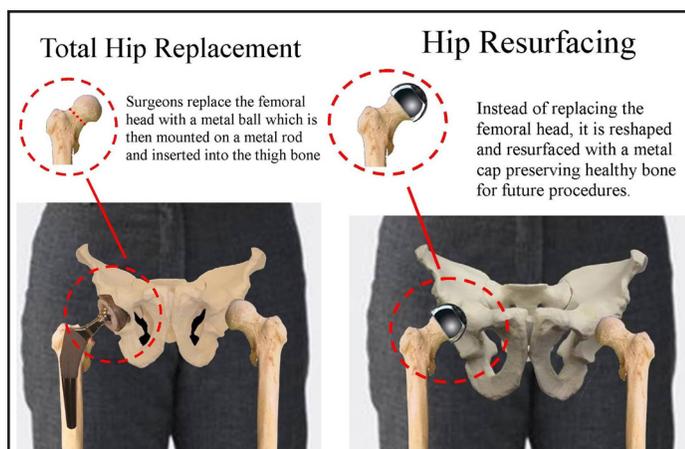
and stimulating environment to work in. I feel truly blessed every morning I come to work. I'd like to specifically thank Laura Frost, manager of the UT Medical Center's orthopaedic practice, for her diligence and hard work throughout the process.

My heart filled with joy seeing Tracy, my wife, and Miranda, my daughter, take a tour of the center. It was also a delight to see Dr. Skie's family, Dr. Levine's family, Dr. Chaudhary's family, Dr. Biyani, Dr. Kounine's mother who came from New York for the occasion and so many other family members who came out in support for the opening on Oct. 7. Best of all, my own mother came to see the center. I only wish my father were alive to see this great moment. When I was young living in Egypt, I never imagined living this dream. I am truly thankful.

Finally, I'd like to thank our patients. We appreciate you choosing UT Medical Center as your destination for orthopaedic care. We strive to meet and exceed your expectations. Our goal is to provide you the best possible care, and we hope that the new center will help us to achieve this goal.

Dr. Nabil Ebraheim, Professor and Chairman of Orthopaedic Surgery at The University of Toledo

HIP RESURFACING OFFERS PATIENTS A VIABLE OPTION TO CONVENTIONAL PROCEDURES



Traditionally, younger, more active adults experiencing hip pain caused by arthritis and degenerative hip disease were faced with a difficult decision: undergo a total hip

replacement and risk outliving their artificial hip; or endure the pain and undergo the hip replacement when they reached a reasonable age. Hip resurfacing, however, provides an alternative for younger, more active patients that enables them to return to many activities with less pain and greater range of movement.

During a traditional total hip replacement, surgeons remove the femoral head (ball) from the femur and replace it with a metal ball. This metal ball is then mounted on a rod that is inserted into the thigh bone. A plastic or ceramic socket replaces the existing socket. Limitations with total hip replacement include friction that occurs from the metal and plastic components rubbing together, which causes the implant to eventually wear out. After 15 to 20 years, these implants need to be replaced. Because traditional hip replacements do not preserve enough healthy bone for a new hip replacement, patients are left with few options.

HIP RESURFACING

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Hip resurfacing, however, gives younger, more active patients another alternative. Instead of replacing the entire femoral head, hip resurfacing reshapes and resurfaces the head with a metal cap. This metal cap is secured in place and fitted in a metal socket similar to traditional hip replacement procedures.

There are many potential benefits to hip resurfacing. Since the femoral head is not removed completely, more healthy bone is maintained. This is important for patients who may later need an additional surgery. Since the thigh bone is largely intact, surgeons are able to easily convert a hip resurfacing procedure to a conventional total hip replacement in the future if needed. However, resurfacing is thought to last longer than conventional hip replacements because the metal-on-metal friction decreases the chance of wearing out. Another benefit is that hip resurfacing lessens the chance of dislocations associated with conventional total hip replacements. The resurfaced femoral head has a larger diameter, making performance more natural and the hip less susceptible to dislocations. According to Dr. Haleem Chaudhary, UT assistant professor of orthopaedic surgery, there are additional benefits to hip resurfacing.

“Hip resurfacing is less invasive in the sense that it preserves femoral bone stock,” Dr. Chaudhary said. “Additionally, hip resurfacing allows for greater range of motion, less thigh pain and a potentially higher activity level.”

While hip resurfacing does offer a viable option for younger patients with hip pain, there are some factors to consider. First, the implant typically costs about 20 percent more than the standard artificial hip. In addition, some surgeons argue that ceramic total hip artificial replacements are good options for even the most active patients. Despite these advances in artificial joint materials and additional costs, hip resurfacing remains a very attractive option for hip surgery candidates. According to Dr. Nabil Ebraheim, UT professor and chairman of orthopaedics, the procedure is not without complications.

“Like all new procedures, there is a learning curve for the surgeon,” Dr. Ebraheim said. A skilled hip surgeon who operates around the hip joint won’t have much difficulty performing hip resurfacing successfully. “The notion of ‘save the head’ is an old notion and one that is coming back with better designs. This operation has a lot of merit for younger, active patients.”

HIP ARTHROSCOPY PROVIDES RELIEF WITH SMALLER INCISIONS

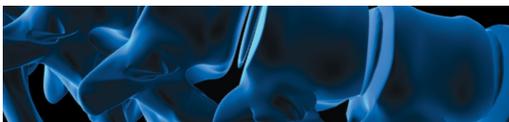


Advancement in technology and innovative procedures are designed and implemented with one goal in mind: to increase patient satisfaction by eliminating pitfalls of traditional surgical procedures. These pitfalls include postoperative pain, lengthy hospital stays, large scars from incisions, infections and complications associated with traditional procedures. In this breadth, hip arthroscopy was developed to allow sur-

geons to look inside the hip joint, thus eliminating larger, more invasive incisions.

Historically, surgeons maneuvered through the skin and tissue to dislocate the joint, risking considerable damage. Hip arthroscopy, however, allows surgeons to maneuver through small incisions and use images projected from small cameras attached to a pencil-sized instrument called an arthroscope to guide procedures. Through an auxiliary opening, small instruments are used to perform procedures. The surgeon uses images from the arthroscope relayed to television monitors to guide the instruments.

Hip arthroscopy has been used with great success in treating patients with loose bodies –unattached pieces of cartilage in a joint, labral tears and hip impingement. Loose bodies impede natural hip movement because they get caught in the joint. While healthy cartilage is smooth, cartilage affected by degenerative conditions such as arthritis cause the surface to crack, break off, and then float in the joint. The loose bodies



HIP ARTHROSCOPY PROVIDES RELIEF WITH SMALLER INCISIONS

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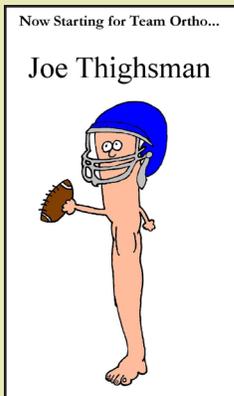
can then also cause friction, resulting in damage to smooth areas of the joint. With hip arthroscopy, surgeons are able to locate these loose bodies and remove them.

The hip's labrum is the rim-shaped cartilage around the socket portion of the joint responsible for cushioning and providing support to the joint and helping to distribute weight over the head of the femur. This joint is essential in distributing synovial fluid for lubrication.

Usually caused by repetitive motion and direct trauma or twisting while the hip joint is bearing weight, labral tears are often identified by a locking sensation as pieces of tissue become pinched in the joint. Hip arthroscopy allows surgeons to trim, remove, repair or reattach the cartilage to the rim of the socket. Arthroscopic hip impingement is a relatively new operation that may replace the traditional open technique.

Hip arthroscopy patients benefit from early rehabilitation, accelerated rehabilitation courses, smaller incisions, earlier return to activities and shorter outpatient procedures. The most common hip arthroscopy complication is an inability to gain access to the hip.

The Humerus



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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.

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