



Hip Hip Hooray!

New arthroscopic advancements are revolutionizing hip surgery. **BY KATHY BERGSTROM**

Antoinette Filter enjoyed an active lifestyle – running, skiing and even competitive bowling. But the hip and lower-back pain that started nearly a decade ago kept worsening to the point that the Germantown woman was finally forced to give it all up.

Filter, 31, was born with extra bone in her hip that rubbed and damaged the cartilage. Left unchecked, the condition would eventually lead to arthritis, and it “made it very painful just to walk and do everyday activities,” she says.

She saw doctors, a chiropractor, got six cortisone injections and managed the pain as best she could with ibuprofen. “Just doing everyday activities like squatting down to change my son’s diaper – I could hardly get back up.” She was told by two doctors that she’d simply have to wait a few years and have hip replacement surgery.

Finally, Filter saw Dr. Patrick Birmingham, an orthopaedic surgeon at Froedtert & The Medical College of Wisconsin who is performing a relatively new outpatient arthroscopic surgery that removes imperfections in the hip bone rather than replacing it.

“I was very excited to hear that,” Filter says. “I don’t really want hip replacements.”

Filter had her first surgery in June on her left hip. She left the hospital the same day and walked with crutches for about six weeks. She did physical therapy and at-home exercise, then returned to normal activity, including running and bowling, after just five months.

“I never remember a time not having pain in my left hip,” she says. “I have no pain.

I have better than normal range of motion now. It’s wonderful. I am very happy with the results. I don’t have a big scar or anything.”

She was so satisfied, in fact, that she had the same procedure done on her right hip in January.

Filter’s minimally invasive surgery is one example of how advancements in research and technology have made hip surgeries, including hip replacements, better and less invasive.

Most hip replacement surgeries now use minimally invasive techniques, says Dr. Stephen Kurtin, a surgeon with Blount Orthopaedic Clinic in Milwaukee. Incisions are smaller, but that’s not the most important consideration, he says.

More critical is what happens underneath the skin.

“We’re developing different techniques to open and see the hip joint, and doing it with tools that allow us to remove less bone, remove less muscle, disturb less tissue,” Kurtin says. That translates into quicker rehabilitation for the patient.

Performing hip surgeries has challenges unlike those dealing with the shoulder and knee, Birmingham says. “It’s a very deep joint. The knee and the shoulder are much less covered by muscle mass,” he says. “It’s also a much more constrained joint.”

The development of better implants is one of the drivers of better hip replacement surgeries, Kurtin says. The new devices can accommodate different patients’ needs and provide patients with a longer-lasting, better-working implant than those of years ago.

Surgeons also have developed better techniques to place these implants, which allows for quicker rehabilitation.

“We are all getting our patients up either the same day or the very next day after the hip replacement surgery,” Kurtin says.

“There are a number of ways to surgically get to the hip joint,” Kurtin adds. “I think it’s much more important to find the doctor you’re more comfortable with and trust them to do the right thing.”

Quicker rehabilitation is one of the benefits that Dr. Scott Schneider, a

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surgeon with Orthopaedic Associates of Wisconsin in Waukesha, touts for anterior hip replacement surgery.

Traditionally, hip replacement surgeries have been performed by entering from the back (posterior) or the side (lateral), but the anterior approach enters through the front.

"We're not violating the structures, the ligaments, the muscles, the tendons in the back of the hip that are so important for stability," he says. With the anterior approach, surgeons can move and retract the muscle rather than removing it from the bone, as is done with other approaches.

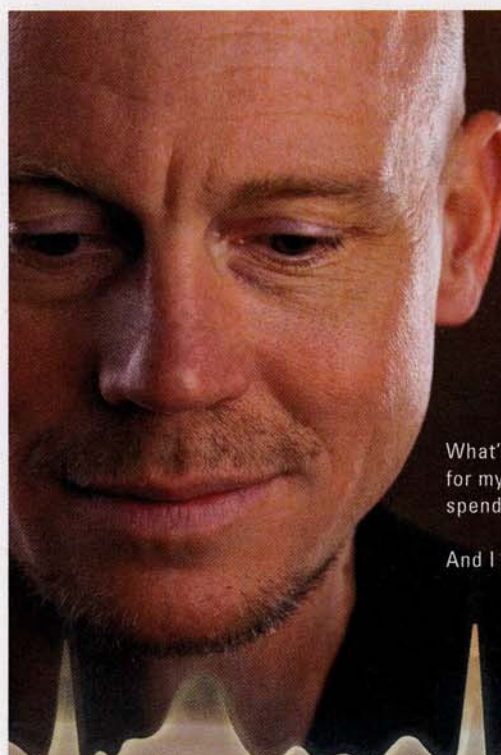
Healthier patients in their 50s and 60s typically arrive at their first follow-up appointment 10 to 14 days later **without using any assistive device like a walker or cane.**

The surgery requires one 10-centimeter incision. Surgeons use a special table that allows X-rays to be taken, ensuring the components are in the right position and precisely measuring patients' leg lengths.

Schneider performs the anterior hip replacements at Oconomowoc Memorial Hospital.

Healthier patients in their 50s and 60s typically arrive at their first follow-up appointment 10 to 14 days later without using any assistive device like a walker or cane. But the long-term advantage is a lower risk of dislocation than with the other procedures, Schneider says. Patients don't have to restrict their hips in the weeks after surgery as much as they do after the other surgeries.

"Standard hip replacement is still a very good operation," Schneider says.



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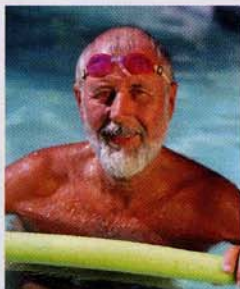
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HEALTH

"We feel we've found a way to make something that's very good, better."

Cathy Kosler of Franklin had an anterior hip replacement surgery in 2008 and is a fan of the approach. Kosler, 57, works in health care sales and spoke with several doctors before deciding to have Schneider perform the operation.

The potential for a shorter rehabilitation time and decreased risk of dislocation caught her attention. "It was so easy," she says. "I was shocked."

Kosler spent two nights in the hospital and says she was using stairs two days after returning home. She was driving within three weeks and returned to her job in five.

"I have energy. I have stamina, and I have a good hip," she says. "I have a great hip."

Another option available to some patients is hip resurfacing, which places a

Birmingham notes that one of the main benefits of the resurfacing procedure is that **it delays the need for a hip replacement.**

metal cover over the ball of the existing hip joint rather than completely replacing the bone. To be a candidate for that surgery, the patient must have good bone quality, Kurtin says.

European studies have shown that about 5 percent of the population has imperfections in the ball or socket of the hip joint. This can result in too much friction in the joint, a condition called femoroacetabular impingement, which creates abnormal mechanics in hip movement. It wears down cartilage faster than a normal hip would, and studies have shown a strong correlation between

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the abnormality and the development of arthritis, Birmingham says.

"In theory," he says, "if you address these anatomic changes, you can alter the course of the disease and potentially prevent or delay the onset of arthritis."

Patients don't realize they have the abnormality until the pain starts, and often it's misdiagnosed as groin pain. It occurs in young athletes who are putting a lot of strain on the hip or in middle-aged people who have upped their level of activity. Birmingham often sees middle-aged patients experiencing the pain when they've started to train for marathons.

In the surgery, Birmingham makes three dime-sized incisions. He uses a camera and motorized burr about half the diameter of a dime to sculpt and reshape the bony anatomy.

Patients have several months of physical therapy, and most can expect to return to full activity within five to nine months. Reported success rates are about 80 to 90 percent. Hip arthroscopy has been done for about 20 years, but this specific procedure has been done with regularity for only the last five years or so.

Birmingham notes that one of the main benefits of the resurfacing procedure is that it delays the need for a hip replacement. A person who has hip replacement surgery in his 40s probably faces the prospect of a second surgery in their lifetime, because the implants usually last 15 to 20 years.

For Nick Holland, 18, of Brookfield, the surgery meant a chance to pursue his goal of playing college football. Holland attends Brookfield Central High School and had the surgery on his left hip in December 2009.

Holland, who punts and plays tight end, started punting five months after the surgery and attended his first post-surgery college showcase camp in May. He went on to play his senior season.

The hip "felt brand new," says Nick, who has indeed earned an offer to play college ball. "I feel confident that I can compete with the best in any sport right now." ■

Kathy Bergstrom is a Milwaukee-area freelance writer.



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