

“Joint Replacement Done Right” for *VIE* Magazine
By Sallie W. Boyles

Keeping pace with technological advancements, medical procedures that patients once avoided now take place with little apprehension. When considering, too, that baby boomers have inched passed middle age, it’s no wonder that the demand for joint replacements has grown. In the US alone, approximately 300,000 hip replacements and 500,000 knee replacements are currently performed each year.

Along with refined surgical techniques that eliminate downtime and scarring, patients also benefit from the latest material and design enhancements of implants. Previously, for instance, doctors encouraged patients to wait until their 60s before having a hip replacement, but younger patients in their 40s and 50s can now rest assured that their implants will last a lifetime. While even top surgeons will not promise the same longevity for knee implants, ongoing improvements to polyurethane parts continue to add years to their useful life.

Although joint surgeries are more successful than ever, a conservative, non-evasive approach could eliminate or delay the need for an operation. Likewise, if surgery is the recommended treatment, having it done properly is the only way to prevent future complications. In fact, undergoing a surgical revision to correct what went wrong from a previous procedure is far more involved than implementing measures to achieve optimal results the first time around. Therefore, according to the professionals at the Andrews Institute Total Joint Center of Baptist Health, a division of the Andrews Institute for Orthopaedics & Sports Medicine, the most important step that an individual with knee or hip problems can take is to proceed with the right orthopaedic surgeon, preferably a subspecialist in joint care.

Dr. James Andrews, Founding Partner and Medical Director of the Andrews Institute, applied the same philosophy when faced with a growing demand for knee surgeries among patients with sports injuries. Recognizing the value of dedicated expertise, he recruited topnotch talent—Dr. Robert Snowden, followed by Dr. Brett Smith—to launch and co-direct the Total Joint Center.

Sharing a talent for handcraftsmanship with uncles who were cabinet makers, Dr. Snowden decided to specialize in orthopaedic medicine after gaining summer work experience as a student at the Vanderbilt University School of Medicine. He went on to complete his post-doctoral training in Orthopaedic Surgery and Total Joint Replacement at the John Hopkins Hospital in Baltimore. After leaving Johns Hopkins, he served the US Army Medical Corps for two years. A Florida native, he was pleased to receive an invitation from Dr. Joseph Saiter, a medical school friend, to join the prominent surgeon’s private practice in sunny Pensacola. Dr. Snowden has specialized in reconstructive joint surgery of the hip and knee for over thirty years.

Dr. Smith started out as an engineering student and earned his master's degree in biomedical design with the intent to design medical implants. Realizing that he preferred interacting with patients over working in a lab, he entered the Medical College of Pennsylvania-Hahnemann University, and completed his residency and internship in Orthopaedic Surgery at Allegheny General Hospital. His resume includes serving as an attending physician involved in resident training at the Allegheny General Hospital in Pittsburgh and as co-director for the Adult Reconstructive Surgery Fellowship program at The Institute for Bone and Joint Disorders in Phoenix. He also held a position with the Southern California Orthopedic Institute in Van Nuys, California.

Referred by the medical community, insurance companies, and former patients for their demonstrated success in relieving pain and restoring mobility, both surgeons agree that long-term results are best when individuals are informed and actively involved in their own joint health.

Whether the appropriate prescription is joint preservation, reconstruction or replacement, people tend to take their knees and hips for granted until they experience pain and loss of mobility. Of course, as time marches on, joints endure wear and tear. Osteoarthritis is the most common degenerative joint disease. Natural skeletal misalignments, such as bowing of the legs, also hasten the natural decline.

"It's remarkable that hips and knees last as long as they do," says Dr. Snowden, who emphasizes that an individual's personal habits play another key role in joint health. "Problems arise when the mechanics are altered, usually by excessive body weight or injury," he explains.

For every one pound added to the body, the knees must bear three additional pounds of pressure, while the stress on the hips multiplies by six. "Weight loss alone often eliminates joint problems," says Dr. Smith, who will refer obese patients to Baptist Hospital's Bariatric Center.

"A healthy lifestyle with regular, moderate physical activity is the best way to promote healthy joints," says Dr. Snowden. Undoubtedly, certain activities are safer than others, especially over the long-term. Running and jumping, for instance, place a load on the hips and knees that can reach seven times an individual's body weight.

"One of the most common questions people ask is if running is safe," Dr. Snowden says. "Running in moderation is healthy. Marathons and super marathons are not."

"Stay active and keep moving," advises Dr. Smith, who enjoys outdoor activities like hiking and camping. Dr. Snowden likes to golf, play softball, work out on his treadmill, and occasionally snow ski.

Beneficial levels of exercise not only keep joints in good working order, but physical fitness also facilitates favorable surgical outcomes. "There's no question that a surgery is safer and rehab is more predictable for those who are in good shape," says Dr. Snowden. "A severely

deconditioned patient is at a greater risk than someone who is much older but in excellent shape.”

Mrs. Lorraine Tudor, one of Dr. Smith’s older patients, had superior results after he operated on her right hip and knee in Phoenix. Consequently, when she more recently required a left hip replacement, Mrs. Tudor traveled from Arizona to Florida to be in his care. “I wouldn’t dream of using anyone else,” she says. As a former RN, Mrs. Tudor relays her personal and professional approval of his methods. “I cannot think of anything Dr. Smith could have done better. You judge the success or failure of a surgery based on pain. I had a lot of pain before the surgery, very little pain for a few weeks following, and no pain now.” Her youthful lifestyle and mindset also made a difference in her outcome. “I’m an active 80-year-old woman,” she says. “I go shopping, to the grocery store, I travel. In my mind, I’m 35!”

Despite such optimism, before resorting to surgery, the physicians of the Total Joint Center first rule out other viable procedures. “I’ll treat you as if you were my brother coming to me for advice, and I’ll talk you out of surgery,” says Dr. Smith.

“Over half our patients can be treated satisfactorily with preservation techniques,” adds Dr. Snowden. “My philosophy is to take the simplest, safest measure.”

Nonsurgical remedies vary from physical therapy and exercise modification, to anti-inflammatory medications and nonnarcotic painkillers. Injections can also be effective over the long-term. In addition to Cortisone, a steroid familiar to many for reducing joint swelling, injectable treatments now include viscosupplements, which are gel-like substances that simulate natural joint fluid to reduce friction and absorb shock. With benefits that last from nine to 12 months, viscosupplementation can be repeated over several years and, therefore, delay surgery for just as long.

“If you can do what you want without pain, then continue with alternative treatments,” says Dr. Snowden. “When you can’t enjoy your quality of life despite good measures, then it’s reasonable to proceed with surgery. You don’t want to wait until you’re too far gone. Determining what is right for a patient is part of the art of medicine.”

While the majority of their primary cases do not require surgery, the Total Joint Center receives a large number of referrals to redo prior operations performed by other doctors. “My calendar for revision surgeries is currently booked into February,” says Dr. Smith, who has corrected the mistakes of highly regarded physicians.

Choosing a prominent doctor might seem a wise way to avoid future hip or knee complications, but a surgeon’s experience will not necessarily encompass the particular expertise required. “We are now subspecialized,” Dr. Smith says, explaining that the best hand or foot surgeon is not necessarily the ideal person to perform a knee or hip procedure. In just one year, he will operate on approximately 300 hip and knee patients combined. Another physician who performs fewer than 30 of the same procedures could do a fine job, but the value of having perfected a technique over hundreds of times is undeniable.

“Think of your joint health as the championship game,” says Dr. Snowden. “You don’t want to leave anything to chance. Any pitcher could conceivably do the job, but your likelihood of striking out the other team is highest if you bring in your best player.”

Among the main causes for revision surgeries are implants that loosen or pop out. “The acrylic cement must be bonded securely,” says Dr. Snowden. Other issues stem from severe arthritis, which can shorten the length of a leg. Some surgeons have a tendency to overcompensate when performing hip replacements, so the affected leg ends up being too long. “Achieving stability in the hip requires skill,” Dr. Snowden says. “This is why the surgical technique is critical.”

Beyond researching a surgeon’s qualifications to ensure that the procedure itself goes well, individuals should also consider the quality of care available before and after the operation. “The Total Joint Center takes a team approach to patient care,” says Dr. Smith. In addition to undergoing a comprehensive pre-op visit that includes meeting the nurses, the anesthesiologist, and other hospital staff, patients benefit from consulting with a case manager who works with patients to make sure the home is set up for the recovery period and to instill a rehabilitation plan. “The Andrews Center has an excellent rehab facility for continuity of care,” Dr. Smith says, “but I won’t discourage a patient from using another physical therapy group if that’s where he or she is comfortable going.”

Individuals who adhere to the treatment plan—whether that entails working with a physical therapist or following a prescribed exercise regimen— report the best outcomes. “A young lady in her 50s had a hip replacement, and 12 days post op she was professionally dressed in her wedged heels with no walker, no crutches, no cane,” says Dr. Smith. “We did our job, and she did hers, and she told everyone that her surgery was a piece of cake.”

With the objective to foster many more positive outcomes the first time around, plans are underway to offer a fellowship training program at the Total Joint Center for orthopaedic surgical residents who are interested in a subspecialty. “We must have enough cases to support a fellowship program,” says Dr. Snowden. “Baptist Hospital has had to grow to meet the need with new instruments and additional beds. Our capacity has doubled in the past two years.” Currently handling about eight surgeries per week, the facility is expanding to conduct 12 to 14 surgeries weekly.

Although the Total Joint Center will accommodate more patients, the Co-Directors insist that personal concern will continue to be a hallmark of their medical expertise. Dr. Smith, for one, carries vivid memories of how it felt to be at the mercy of doctors and nurses who had little concern for his personal wellbeing. While still a medical student, he was assaulted and left with Le Fort fractures in his face and a long hospital stay.

“I had 13 broken bones and three surgeries,” he says. “I wanted to shout, *Get me out of here!* Looking back on my time in the hospital, I continually wonder how I can make each day better for my patients. I know what it’s like being on a gurney.”

Quite possibly, that perspective is what gives patients of the Total Joint Center the greatest advantage.
