

Do You Suffer From Arthritis Pain?

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Overview

- What is causing my pain?
- Osteoarthritis
 - Etiology
 - Incidence
 - Treatment
- What's new in Total Joint Replacement Surgery?



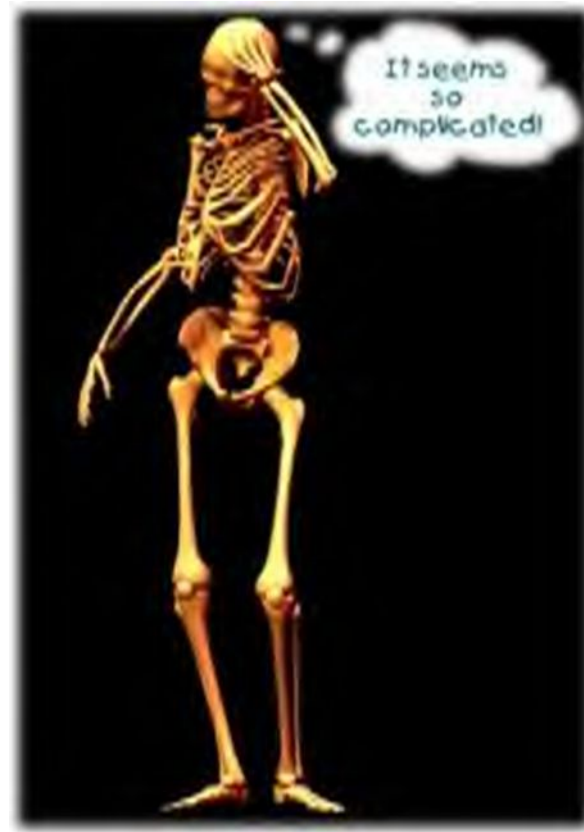
What is Causing My Hip Pain?

- Arthritis of the hip
- Stress fracture
- Avascular necrosis
- Tumor
- Infection
- Low back or SI joint



The first step is to get the correct diagnosis!

- Where is the pain located?





Diagnosis of Hip or Knee Pain

- History and Physical Exam
- X-Rays
- MRI
- Bone scan
- Blood tests, CT scan,
other special tests

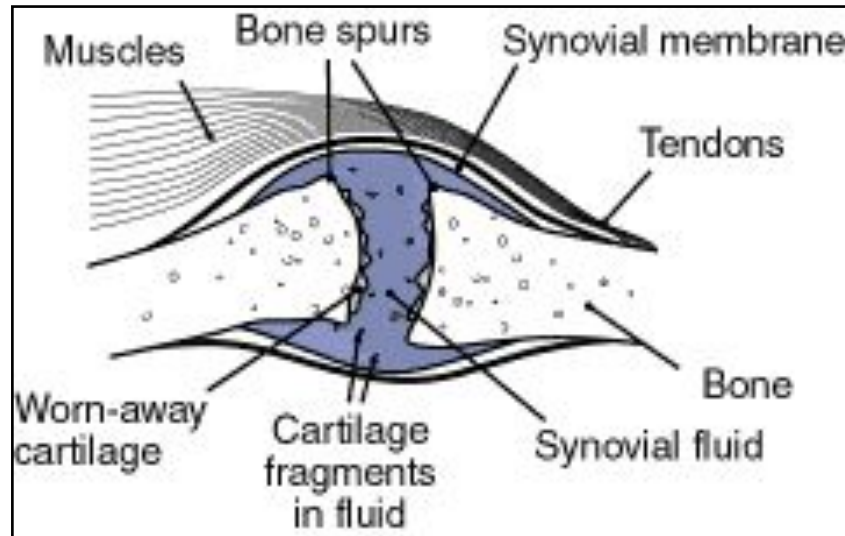


Most Common Cause of Hip
and Knee Pain is Osteoarthritis

What is Osteoarthritis?

- Degenerative disease **NOT** part of the normal aging process
- Primarily a genetic disease
- A manageable, treatable condition, but there is no cure

Cartilage breakdown leads to bone spurs (osteophytes), cysts and swelling



The end result is an enlarged, deformed, stiff and painful joint

Treatment

Treatment: Mild Symptoms

- As needed OTC medication:
 - Tylenol (acetaminophen)
 - Advil (ibuprofen)
 - Aleve (naproxen)
- Glucosamine and Chondroitin supplements
- Weight Loss
- Stay active

Treatment: Moderate Symptoms

TWO STAGE STRATEGY

STAGE I

- Analgesics
 - Acetaminophen (Tylenol)
 - NSAIDS (Naproxen, Meloxicam, Celebrex)
 - Glucosamine / Chondroitin
- Physical therapy
- Exercise and Stay Active!

STAGE II

- Catching, Locking, Giving Away?
 - Injections
 - No arthritis on Xray - obtain MRI?

Treatment: Severe Symptoms

- You may want to consider
Hip Replacement when:
 - Pain hinders daily living
 - Range of motion decreases
 - Conservative therapy failed
 - *Quality of life is diminished*

Goals of TJR Surgery

- Reduce pain
- Increase ROM
- Increase activity level
- *Improve Quality of Life*



What's New in TJR Surgery?



- Knee (Dr Wright already discussed - same technique we use)
- Hip*

What's New: Total Hip Replacement



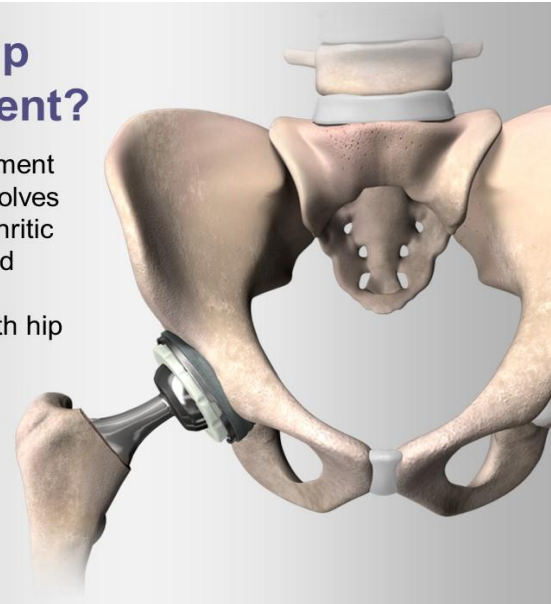
Direct Superior Approach

– What Makes this approach different?

- Minimal Soft tissue injury
- Muscle and bone sparing procedure
- Preservation of more tendons
- Small incision
- Improved Pain Control
- Fast recovery-return to work, driving, and extracurriculars quicker.

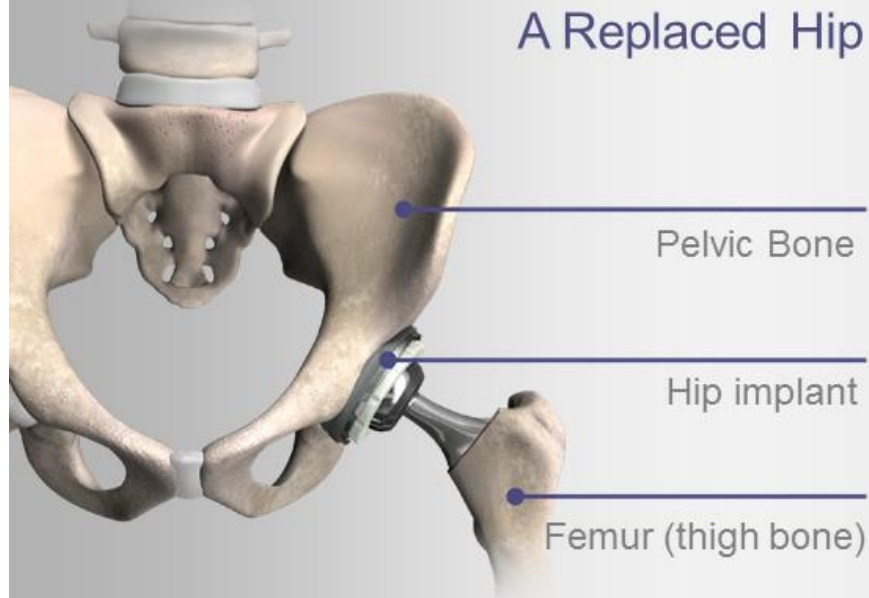
What is Hip Replacement?

Total Hip Replacement (THR) surgery involves the removal of arthritic bone and damaged cartilage, and replacing them with hip implants that are designed to replicate the hip joint.



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How It Works



- During surgery, the end of the thigh bone (femoral head) is replaced with a metal stem and an artificial ball that is secured to the top of the stem.
- The hip socket (acetabulum) is fitted with a metal cup that is lined with a durable plastic (polyethylene).

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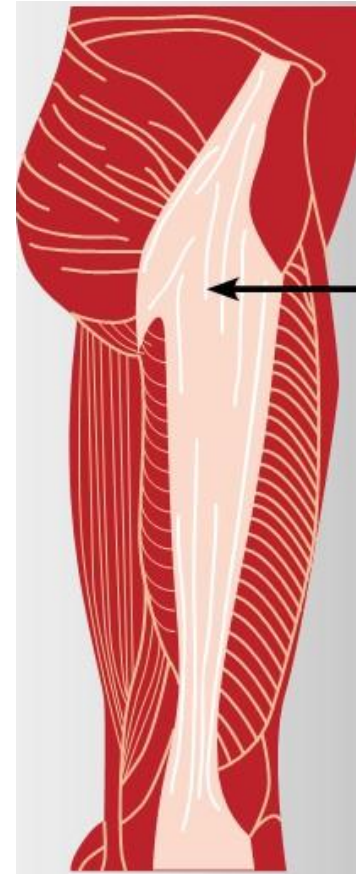
Direct Superior Approach

- The Direct Superior approach is one of the minimally invasive techniques used in total hip replacement surgery.
- It is a muscle sparing hip replacement technique developed to minimize damage to soft tissues and muscles that are critical to proper function of your hip and leg.

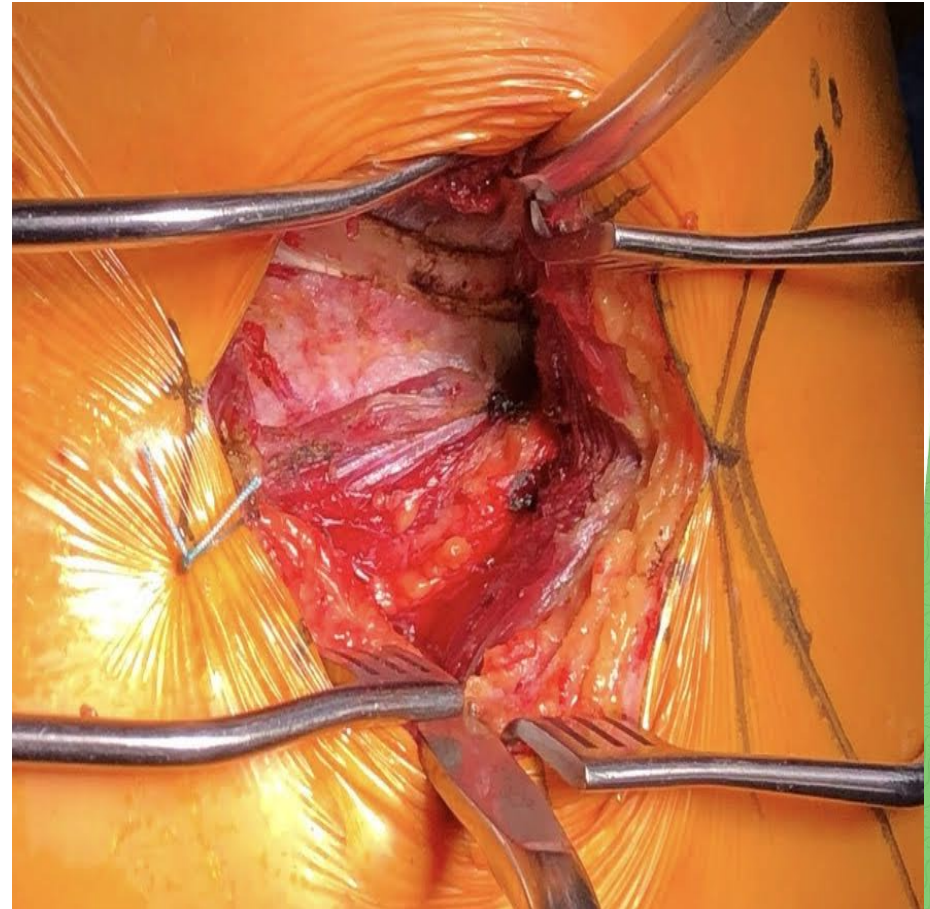
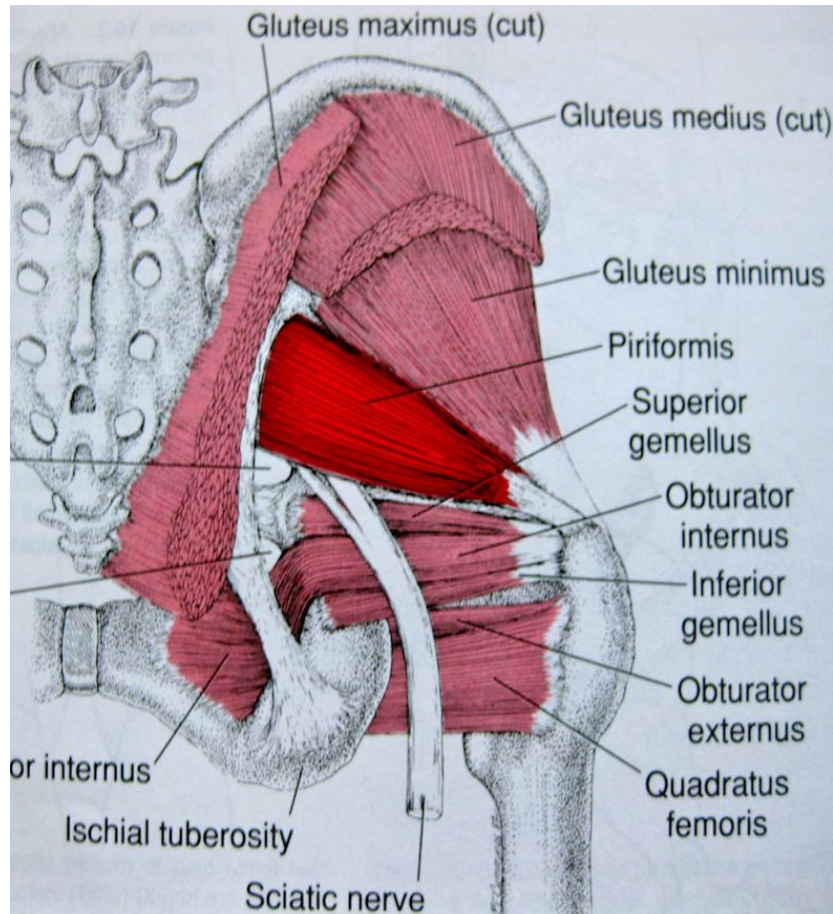


Direct Superior: Muscle-Sparing

- The DSA was developed to allow the surgeon to avoid cutting key muscle groups, the most important being the Iliotibial (IT) band and muscles referred to as the external rotators. Can preserve the Piriformis.
- These muscles play an important role in your ability to perform everyday activities. The IT band is a large muscle that extends down the outside of your leg from the pelvis to the knee. Activities such as walking and bending may be affected when this muscle is injured.

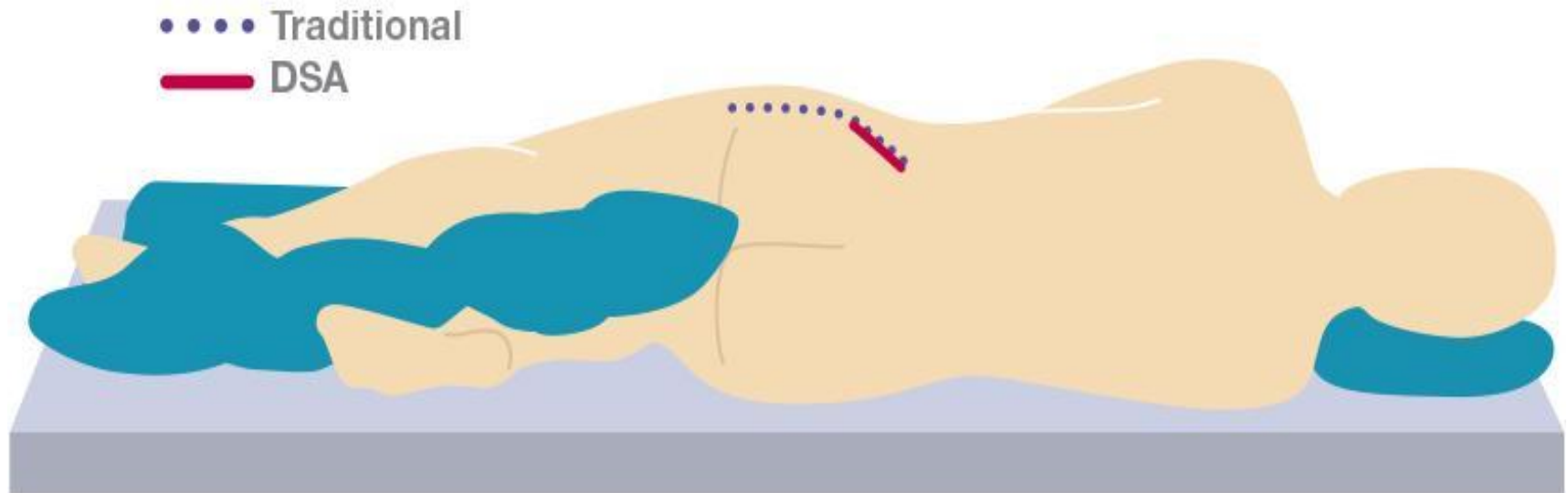


Direct Superior: Muscle-Sparing



Direct Superior: Incision Location

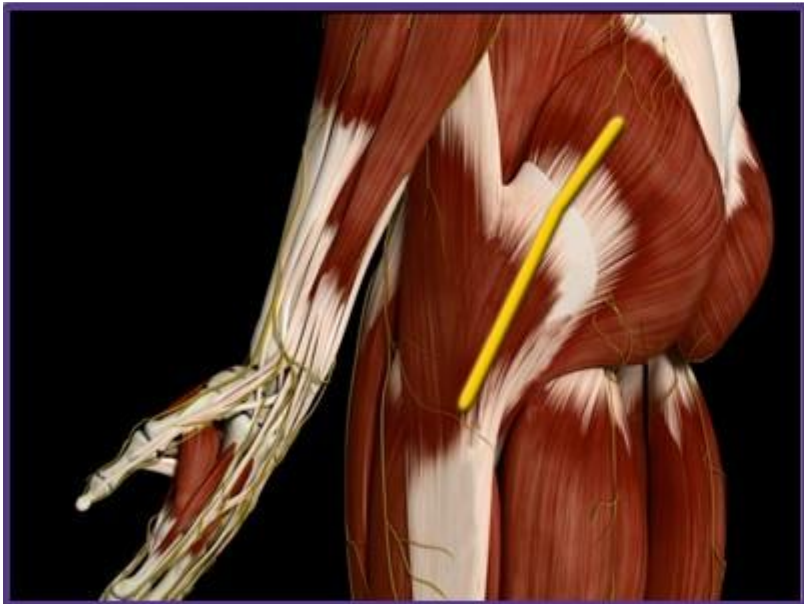
- Surgery is performed with the patient lying on his or her side. The DSA incision is made on the back of the hip joint.



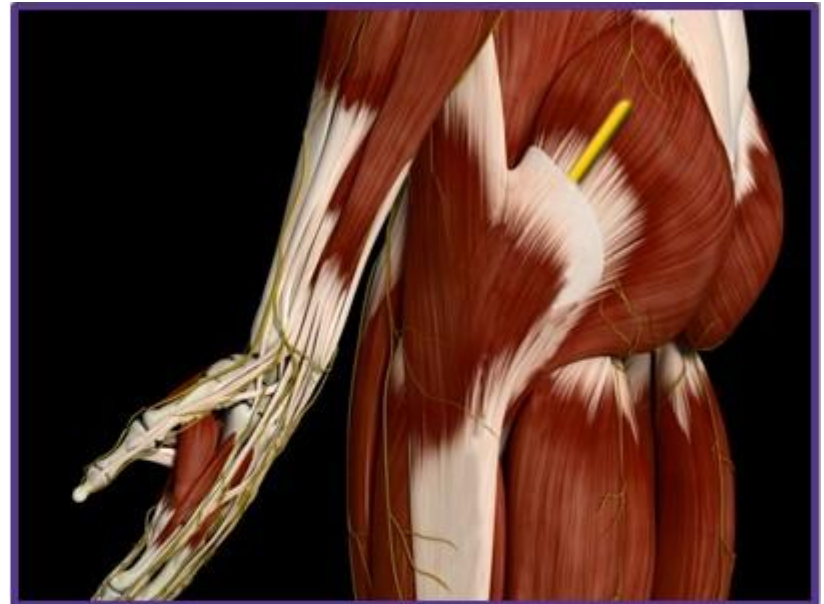
Direct Superior: Incision Length

- The incision is smaller and higher up (superior) compared to a traditional posterior approach hip replacement

Traditional Hip Replacement

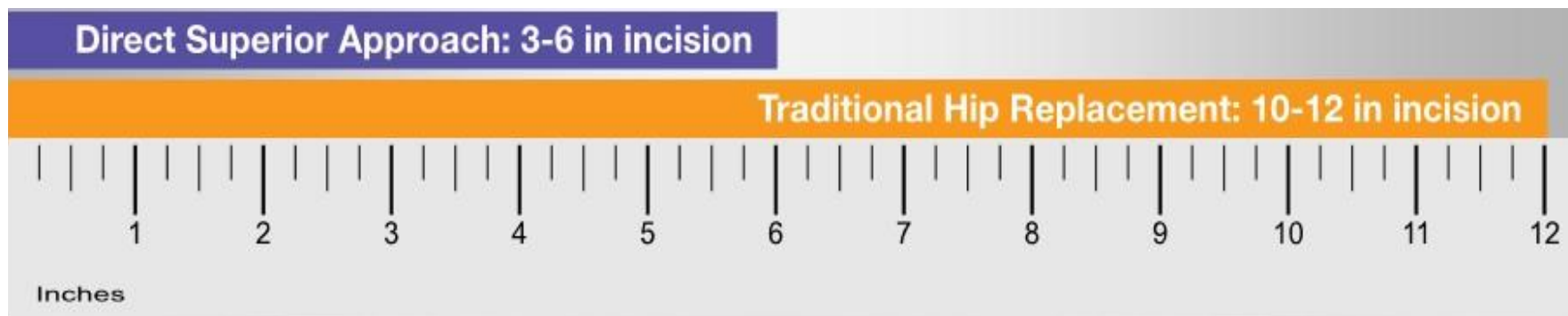


Direct Superior Approach



Direct Superior: Incision Length

- The Direct Superior Approach was developed to be performed through a smaller incision compared to the traditional posterior approach
- As a result, your scar may be smaller than traditional total hip replacement procedures.



Potential Benefits of DSA

- Potential for smaller incision and reduced muscle disruption may allow for less scarring compared to traditional hip replacements.
- Reduced post-procedural occurrence of hip dislocation.
- Preserves the hip's natural alignment.
- Minimization of blood loss ~100ml
- The Direct Superior Approach offers the potential for enhanced hip stability and post-operative recovery.
- Unlike all other hip replacement approaches, there are **no post operative hip precautions**. You can move freely.

Why Have MIS Surgery?

- Less time in hospital-90% outpt
- Quicker rehabilitation-all at home
- Quicker return to work
- Smaller incision

Comprehensive Pain Management

- Multimodal approach
 - “Preemptive Analgesia”
 - Spinal Anesthesia
 - “Pain Cocktail” local injection-adductor block
 - Toradol and Celebrex: Anti-inflammatory
 - Tylenol
 - Ice
 - Narcotic as needed

What's the Goal?

- Better outcomes
- Less Pain and need for narcotics
- Quicker return to a better and pain free life!!!

Questions?

P.S.....

1. Dr Thor performs (MAKO/Robotic) Total Knee Arthroplasty-similar to Dr Wright in Kearney, and Direct Superior Total Hip Arthroplasties .
 - a. Performs the most (MAKO) TKA's in the Omaha metro. Quicker recovery and return to normal lifestyle/function. Majority are done on an outpatient basis. Surgery takes ~ 60 min, home in 4-6 hrs after procedure.
 - b. Performs the only Direct Superior THA's in the Omaha metro. They take ~45-60 min, home in 4-6 hrs after procedure.
2. Help us help our patients.

X-ray efficiency for work-up of a painful knee or hip joint.

Hip: 3 views total (AP and Lateral) plus an AP of the pelvis

Knee: 4 views total Weight bearing (AP and Flexed) plus non-weight bearing lateral and merchant. Do NOT obtain a MRI of a painful knee if the patient is able to stand and weight bearing films have not been obtained. esp if the patient is >60yrs old.

Weight bearing Vs Non-weight bearing

