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BACK ON HIS FEET

Anterior hip replacement gets Tony Sosebee moving again

By PAULA VESS
Regional Marketing Group

SHELBY – Tony Sosebee is a 53-year-old man who enjoys his job as a machinist, and loves spending time working in his garden and yard. About two years ago, he began having some pain in his hips and gradually, it became more difficult to do all the things he enjoys.

The hip joint is one of the body's largest joints. It is made up of a ball (the top of the thighbone), that fits into a socket (part of the large pelvis bone). The hip joint helps carry the body's weight and plays a strategic role in activities that involve standing, bending, twisting, and of course, walking.

Hip pain can make any of those movements difficult, which can make ordinary tasks painful and difficult to perform.

"I put off doing anything for a while, but it got so bad I couldn't walk anymore," said Sosebee. "Last summer it was so bad I couldn't even get on the riding lawnmower. My wife had to cut the grass."

He needed a total hip joint replacement, and he's not alone. More than 200,000 total hip replacements take place in the United States each year, according to the Joint Implant Surgery and Research Foundation.

"The thought of going into surgery scared me to death," said Sosebee. But it was worth it. "Within less than a week I was walking without crutches or anything. I woke up with no pain."

Although the most common cause of hip pain and joint replacement is osteoarthritis, a common form of arthritis, Sosebee's pain was caused by a condition called osteonecrosis. It occurs when part of the bone doesn't get enough blood and the bone dies. Osteonecrosis occurs most commonly in the hip and shoulder.

"I never knew when I stepped down on it whether the sharp pain would be there," said Sosebee, "but within two or three steps I knew I was going to have it. And I never knew if I was

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- Tony Sosebee



PHOTO BY PAULA VESS

One day after anterior hip replacement surgery Tony Sosebee walks the halls on the Joint Academy unit at Cleveland Regional Medical Center.

going to fall on my face."

In January, Jacob Friedman, MD, an orthopaedic surgeon at Cleveland Regional Medical Center, replaced Sosebee's right hip using an anterior (front) approach or incision. Traditionally, hip replacement surgery has involved an incision on the side or the back of the hip.

The anterior approach is not a new technique. It has been used in Europe for decades and in the U.S. for about 15 years.

"Regardless of the approach," said Dr. Friedman, "at the end of the day you still get a hip replacement, but there are some benefits of using the anterior



Dr. Friedman

"At a year, everyone generally does great from hip replacements, but for those first few weeks the recovery (from the anterior approach surgery) seems faster," said Friedman. "A lot of people just seem to get over it quicker, so the overall pace of recovery is better."

approach compared to the more traditional methods of hip replacement surgery."

Perhaps the biggest advantage to the anterior approach is that the most important muscles involved in the function of the hip are left intact. During traditional hip replacement surgery those muscles, the gluteal muscles, are detached from the bones.

Using the anterior approach to the surgery, "we don't cut any of the muscles off the bones," said Friedman. "We just spread them apart while we do the surgery."

Leaving these muscles intact means no healing time needed for the muscles to repair themselves. That shortens overall recovery time, and means the patient has no movement restrictions when they leave the hospital.

The traditional method, where the muscles were cut, meant at least six weeks of very restricted movement. "With the traditional hip replacement surgery we'd tell patients don't bend this way, or twist that way, don't turn your leg a certain way or don't sleep on your side," said Friedman. "Not having to do all that is a huge benefit for the patient. Now, we just say live your normal life and you'll be fine."

Before his surgery, Sosebee was forced to use a walker. "I was on a walker, and instead of moving one leg I was moving both legs at one time, sitting them down, and moving the walker. Literally, I got up after the surgery and walked."

Another benefit of the anterior method is that the placement of the incision and its length, four inches compared to a traditional

length of 6 – 10 inches, cause less pain after surgery. There are also benefits during the surgery.

"Because we're doing the surgery from the front, we have the patient lying on their back rather than their side, and that gives us more options with anesthesia," said Friedman. "It also gives us more ability to use X-rays during surgery, which means we can fit the parts back to your natural anatomy better."

This can reduce problems with instability and leg length inequality, which commonly occur after hip replacement surgery.

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For Tony Sosebee, recovery has gone so well that he has decided to have his left hip replaced right away. "I'm looking forward to having this one done and getting on with my life. I just wish I'd had it done sooner."

ABOUT THE PHYSICIAN:

Dr. Friedman is currently serving as chairman of the Department of Surgery at CRMC. He is board certified in orthopaedic surgery by the American Board of Orthopaedic Surgery, and is a fellow of the American Academy of Orthopaedic Surgeons. He received his medical degree from Albert Einstein College of Medicine in New York, and completed his orthopaedic surgery training at Tulane University Medical Center in New Orleans.

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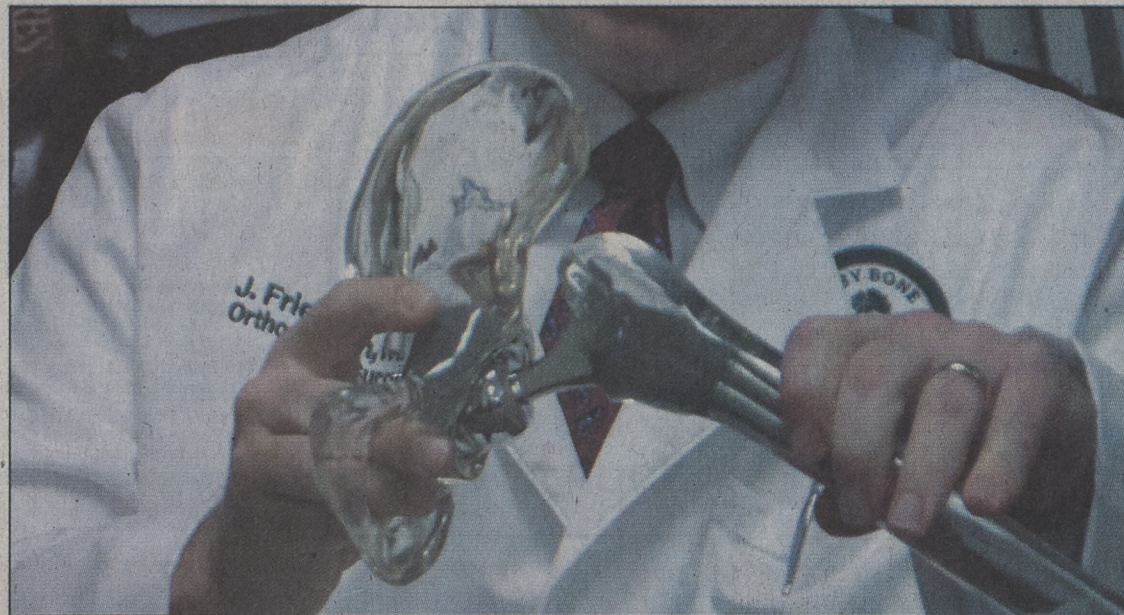
Watch interviews with Tony Sosebee and Dr. Friedman on YouTube at www.youtube.com/user/CCHHealthSystem. And follow us on Facebook.



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Dr. Friedman uses a model to demonstrate how the hip joint is able to move freely after the anterior approach hip replacement surgery.

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