

Orthopaedic Connection

Orthopaedic Factoids

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

Some information I want to share with you doesn't need a whole article. But it still is important stuff to know about (I think!). So I have collected some of these from my *factoid farm* this week. Ready, here we go.

Oral Hyaluronic Acid Pills For Knee Pain?

There have been some preliminary studies that suggest oral Hyaluronan has a positive effect on osteoarthritis. It remains to be seen if there is any real benefit because it is unknown how well Hyaluronic Acid is absorbed by the gastrointestinal track.

There have been some reports of oral supplements causing rashes and skin irritation.

Key Point: Current scientific evidence shows that injections of Hyaluronic Acid are more effective for relief of knee pain caused by arthritis.

I have used an injectable form of Hyaluronic Acid called Supartz in the office for many years. I find it to be quite effective in relieving knee pain caused by osteoarthritis.

Hip Fracture Increases Risk of Death

Older adults who have a hip fracture have a 5 – 8 fold increased risk of dying during the first 3 months. The increased risk of mortality continues over time. The risk of death is also higher in men than in women. There are many reasons that go into this increased risk not just the fact that most of the patients had major surgery to repair the hip fracture.

The whole point being that when Grandma or Grandpa has a hip fracture there is a strong possibility they have other serious health problems that are greatly magnified by a fractured hip and surgery to repair it.

X-rays Often Don't Find Hip and Pelvic Fractures

A recent study in a prestigious Radiology journal pointed out that x-rays taken in the Emergency Department are often inconclusive for detecting hip and pelvic fractures.

On a personal note, I have effectively used the even more basic items of history and careful examination before x-ray studies to diagnose hip and pelvic fractures. Of course, I also do x-rays after I take a history and examine the patient.

Even if x-rays appear to be negative and I think a fracture exists, I will admit the patient to the hospital and do further imaging studies.

Don't Overdo After Hip Replacement

I have done hip replacements for a long time. Lately it is "fashionable" to tell patients after surgery to "put all your weight on it", basically do whatever you want.

My approach is the key to a speedy recovery is to not overdo it.

Why? It is a very big surgery. You want this to last the rest of your life. So, the protection of a walker or crutches makes sense to allow time for tissue healing and for bone to grow into the prosthesis. This takes at least 6 weeks or more for the majority of patients.

Take it easy and your hip will thank you for it. Doesn't that make sense?

Patients Gain Weight After Knee Replacement

It is generally thought that following a total knee replacement – enabling you to walk and exercise without pain – one would lose weight.

A recent University study of 106 patients found that 2/3 of the patients undergoing total knee replacement gained 14 pounds in the first 1 -2 years after surgery.

In other words old habits and lifestyle are hard to change. Also, patients often don't take advantage of the functional gains once they get a new knee. Exercise is something most people don't enjoy doing unfortunately.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I sincerely appreciate all of you loyal readers and patients present and future and welcome to all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the 1) Website Library 2) Your Orthopaedic Connection 3) complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush