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By Jim Kehl

For a while, arthritis symptoms had only been an intermittent bother for Centennial resident and avid golfer Ruth Sletten, but the last straw was when hip pain started taking a toll on the 62-year-old's game last summer.

So, Sletten contacted Dr. David Loucks, and on Jan. 18 she underwent a relatively new, minimally invasive total hip replacement procedure at Centennial Medical Plaza.

"I decided I wanted to do it when I was young enough to rehabilitate quickly and enjoy it," Sletten said.

Two days after surgery, she was climbing stairs, and five weeks later, she returned to the golf course, stronger than before.

"My game is better," she said. "I was restricted a little bit without realizing it because of the pain. Now I can swing at full strength."

By any means, hip replacement is not new, but traditional surgical procedures require a 12-inch incision along the hip and thigh, with extensive cutting of muscle and tendons to get at the damaged hip joint.

The old procedures also required a week's stay in the hospital and months of physical therapy.

But recently, some U.S. surgeons have started using a newer procedure that requires only a 3-inch incision and no cutting of muscle or tendon.

Patients suffer less tissue damage, less blood loss and less scarring resulting in much shorter hospital stays and recovery times. There is also a theoretical lower risk of future dislocations of the components.

But most notable, recovery time drops from six months to six-to-eight weeks.

Sletten has a friend who coincidentally had a traditional hip replacement surgery on the same day she did, and the two friends tracked each other's progress.

"Six weeks out, I was so far ahead," Sletten said. "She was still using a walker and had not dared to drive. I was driving in two weeks."



By Patrick Kelley/Aurora Daily Sun & Sentinel

Dr. Robert Greenhow measures a damaged head of Stan Gordon's left femur during hip replacement surgery March 30 at Centennial Medical Center.

Loucks and his partner, Dr. Rob Greenhow, are two of only three surgeons who perform the procedure in Colorado.

Nationwide there are still only a handful who do it, although European surgeons have been doing it for years.

Loucks and Greenhow, both Canadians, were exposed to the procedure while training in Vancouver.

“Nationwide, surgeons just didn’t pick up on it,” Loucks said.

There were a couple of reasons for that, he suggested.

For starters, the procedure requires a specially built, \$150,000 surgical table that allows a patient’s leg to be manipulated in such a way that a surgeon can gain access to the joint through a 3-inch incision.

In fact, as some points during the surgery, when the hip joint has been completely separated, the surgeon must contort the patient’s leg in ways that would be impossible under normal circumstances.

The table also allows surgeons to pass the detached hip and metal replace between muscles and tendons, obviating the need to cut through them.

Loucks also said the procedure requires extra training, and many surgeons find it easier to continue with the conventional procedure.

Artificial hips function exactly like natural hips, and patients who undergo the procedure often can return to almost any activity they enjoyed before; but the problem with traditional procedures is the lengthy recovery time, according to Greenhow.

“We’ve had people who have been putting it off for years because they couldn’t bear the thought of taking so much time off work,” he said.

He and Loucks have had people taking their first steps one day after the surgery, Greenhow said.

Sletten has essentially forgotten her recovery, she said.

“I did walk a little slowly and gingerly, but now, two months out, I’m on the treadmill an hour a day and lift weight,” she said.