



May 29, 2011 – Grand Rapids, MI

Joint Surgery

I hope you're all enjoying the first major outdoor holiday of 2011. I thought I would share some thoughts about orthopedic surgery both in general and Paula's experience this past week.

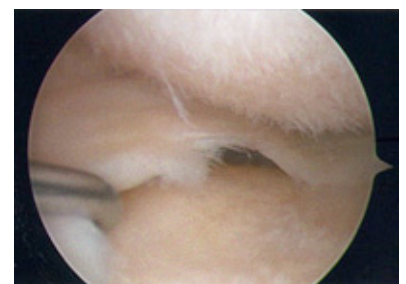
Orthopedic surgery is generally done to repair and restore tissues in the musculoskeletal system. That covers a whole lot, but I'm going to limit this to injuries such as torn muscles, ligaments, and cartilage. Surgery is necessary to repair these to restore normal joint function if possible. My father-in-law has had torn rotator cuffs repaired in both shoulders. I have a torn biceps, which didn't get repaired. In Paula's case, she had a torn meniscus (the cartilage disk in the knee joint) and a loose piece of tissue which caused her knee to lock up at times.

In these cases, nothing would have helped except surgery—all the physical therapy and all the supplements in the world can't restore normal function to something that's torn. Dad's shoulders are better than a 30-year-old's, and Paula's knee will be fine. For me, the surgery to repair the torn biceps has a low success rate, so I'll have to live with a Popeye muscle in my left arm. Fortunately, the biceps has two points of origin so for the most part, the muscle function is fine.

If you have something that's torn, get it repaired as soon as possible. The reason is simple: the sooner the tissues are repaired, the sooner normal joint function can be restored. Here's why that's important: if a joint is damaged and hurts, you're going to change your posture or the way you walk or use your arm to compensate for it. That's going to put stress on the other joints. And I don't just mean if one knee hurts, you'll stress the other knee; it will stress your lower back, your hip, and the rest of your leg as well. That's why it's important to get these things fixed quickly.

Paula's Knee

As I said earlier, Paula had a tear in the medial meniscus and a floating object. The photo shows the torn meniscus—doesn't seem like that little bit of furry-looking material would cause a knee to swell up and be painful. It can and it did—but not any more. The surgeon trimmed the meniscus and removed the loose tissue and when she recovers, her knee should be fine. The critical factor right now is to restrict movement to allow the healing process to proceed. It's not easy keeping Paula in one place too long—although the Vicodin is doing a good job of slowing her down—but the physician made it clear: limit the walking in order to let the tissues heal.



Preparing for the surgery is important. You must restrict fluids and food for at least 12 hours before the surgery as your doctor directs. The reason is not just that you might have an incontinent challenge during surgery. It's because if you have anything in your stomach, it could come back up while you're under anesthesia; you might breathe it into your lungs, which could cause a serious infection that can put you in the ICU for weeks.

I hope you now understand why surgical repair of joints is so important and why you have to follow the rules before and after surgery. The goal is to get you moving as soon as possible.

What are you prepared to do today?

Dr. Chet



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