Health
Stepping Out With Confidence

Lately every step you take seems to be accompanied with pain. Bending down to pick up objects is no longer an action done with ease. Doing the twist is out of the question. Even an evening stroll takes its toll. The quality of life you once enjoyed and often took for granted is now slowly becoming something you often reminisce about.

I understand only too well, some of the above, and lately, as my body tells me, I am not sweet sixteen anymore, I have taken a keener interest in orthopaedic-related information. This in turn brought me to Hospital Fatimah, where I had the pleasure of spending sometime in the company of Dr Suresh Siva, an orthopaedic surgeon.

ERP
Dr Suresh took the time to explain a process called the Enhanced Recovery Surgery for Total Knee and Hip Replacement (ERP). According to Dr Suresh, a good percentage of people going through replacement surgery subconsciously feel they can no longer do the things they once used to do for fear of damaging these new replacements. This is the worst mindset to have, as replacement surgery is meant to help you live a fuller and more comfortable life and not curtail you from enjoying yourself.

Like the old boxing adage that “winning is 90% mental and 10% physical”, recovery from hip and knee surgery is very similar. In cognizance of this, ERP takes on a holistic approach focusing not only on the success of the physical aspect of recovery but also the mental and emotional aspects, right from pre-operative through to intra-operative, post-operative and discharge. It also addresses the importance of involving family and friends in the process.

In the past, patients often felt confusion and stress, which often led to less than optimal recovery. Dr Suresh stresses that with ERP, a patient can feel more at ease with the procedures right from the very beginning until the end. The healing process is just as important as the actual surgical procedures.

Ipoh Boy Brings Message of Hope
Dr Suresh is absolutely the right person to proseylitize the message of ERP. An Ipoh boy, Dr Suresh has spent more than 20 years studying and receiving his medical qualifications in UK, after finishing his Standard 6 in ACS Ipoh. He then worked mainly in London and in the latter three years, he worked at Stanford University Hospital and Clinics as an assistant professor in the department of orthopaedic surgery. He holds the license to practise medicine in the USA, United Kingdom, European Union and Malaysia with ligaments as well as the patella bone and its own ligament. This procedure is commonly recommended in people whose knee cartilage has been destroyed by arthritis.

In fact, these people have three main options to treat their pain. First they could try painkilling tablets which only offer temporary relief and have serious side effects including gastric bleeding. Secondly they could go for steroid or glucosamine injections, which offer pain relief for a maximum of six months. Also steroid injections predispose to infections in the joint and should not be repeated more than two or three times. The third option would be total joint replacement which, with the latest advancements, lasts approximately 25 years in most people.

In total knee replacement, the bones of the knee are shaved down to make way for the implant which resurfaces the bones. Most implants have a metal tray that holds a plastic platform that stands in for bony elements. The coating on the tray is made of super-strong metal and when the knee bends the pieces glide on top of one another.

The demand for knee replacement surgery is increasing all over the world and Malaysia is no exception. People are not willing to give up their active lifestyles without a fight. Life expectancy keeps increasing, of course, but there is also a greater awareness of how quickly health can decline if immobility leaves an elderly person homebound and isolated. At the other end of the spectrum, it is now not unusual to see patients in their 40s and 50s with end stage arthritis who need surgery.

New Implants Designs
Ten years ago, doctors used to be reluctant to replace these joints as they were afraid that the implants would not last very long. Now, with the new generation of designs and materials these implants can last 20 to 30 years.

Several companies have come out with revised knee systems this year. At an annual meeting of orthopaedic surgeons in Chicago earlier this year, there was so much buzz about the new versions of knee implants on display that the trade magazine Orthopaedic Design & Technology dubbed 2013 “the year of the knee”.

New rollouts include the Persona by Zimmer, the Journey II by Smith and nephew and the Attune by DePuy, a Johnson and Johnson subsidiary. The Attune knee took six years and approximately USD$200 million to develop and promises to be one of the best knee replacement designs. Researchers around the world studied how people move and what deficiencies had hampered previous designs.

Although knee replacement had historically been a very successful procedure, some patients had complained that their implants felt unstable as they tried to climb stairs or play sports. The goal of the Attune knee designers was to make the knee feel invisible or as natural as possible. This has resulted in a revolutionary knee system which:

- Can match the anatomy of almost any knee found in a person as it is designed to match based on size and shape of the knee as well as their gender and ethnicity.
- Uses a unique polyethylene plastic insert which is believed to help create the longest lasting and strongest insert ever created.
- Provides stability over a greater range of motion and greater precision to the surgeon thus allowing for quicker recovery.

Enhanced Recovery Protocol (ERP)
Although some people find medical explanations a little difficult to follow and full of mumbo-jumbo, the following is a little information about ERP in its simplest form:

- Pre-operative – an intervention exercise to optimize the health and medical condition of the patient, through counselling, education and exercises – something Dr Suresh calls “prechab” as opposed to “rehab”! Organization of discharge arrangements is also clearly explained to the patient at this point. This is designed to prepare both the patient and the caregivers.
- Intra-operative – the process encompasses a minimally invasive surgical technique, with regional anesthetic and light sedation. Keeping blood circulation, temperature and oxygenation normal during surgery, is also ensured during this period.
- Post-operative – early physiotherapy sessions to encourage movement, accompanied with regular and effective pain control medication. A wellness model of care where drips and drains are removed early to encourage independent activity. Patients are encouraged to walk around the day after the operation.
- Discharge – speedier recovery, allows the patient to be discharged earlier too. A proper rehabilitation regimen is introduced to ensure progressive improvement is made at home. There are also scheduled physiotherapy sessions to help monitor the progress of the patient.
- Why do people continue to suffer in silence and deprive themselves of a better quality of life? It’s time to make a change and take back your life. Learn more about how joint replacement surgery and ERP can help you regain your mobility.

For more information, call Siva Orthopaedic Clinic at Hospital Fatimah (05 548 6380 or email info@sivaothclinic.com).

Board Certification as a specialist orthopaedic surgeon by the UK General Medical Council. He is also on the Malaysian National Specialist Register.

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By Serena Mui