
JOINT EFFORT

Spring 2006

Joint Surgeons of Sacramento Newsletter
Dr. William Bargar, Dr. Thomas Blumenfeld & Dr. Steven Schule

Steven Schule, M.D., Joins Our Practice

Joint Surgeons of Sacramento is excited to welcome Steven Schule, M.D. into our family of joint care physicians. We know that you have grown to expect a high level of skill and satisfaction from us, and we believe Dr. Schule will continue that tradition of excellence as a member of Joint Surgeons of Sacramento.

Dr. Schule received his medical degree from the University of Southern California in Los Angeles and completed his Orthopaedic Surgery residency at the University of Hawaii. He also obtained additional training in trauma surgery in Berlin, Germany.

Dr. Schule completed a fellowship at Harvard Medical School with Dr. William Harris, a pioneer in total joint replacement.

His training at the renowned Massachusetts General Hospital included extensive training in both total hip and knee replacement and revisions. His position as Clinical Instructor of Orthopaedic Surgery at Harvard Medical School included interaction with medical students and residents. He also worked closely with graduate students at the Massachusetts Institute of Technology (MIT) looking at how to make an artificial knee mimic the motion of the natural knee.

He has authored several peer-reviewed journal articles and has written a book chapter entitled "Improving Flexion in Total Knee Arthroplasty".

Dr. Schule is currently a team physician for the Sacramento River Cats, the AAA minor league



baseball team of the Oakland Athletics. He has also served as a physician for the University of Hawaii athletic department.

Dr. Schule enjoys hiking, scuba diving, skiing, cycling, and spending time with his wife, Jennifer and newborn son, Noah.

Cutting Edge Technology:

Drs. Bargar and Blumenfeld Begin Performing Computer-Navigated Hip Replacements

Dr. Bargar recently performed the first computer-navigated total hip replacement at the Sutter Joint Replacement Center using the Ci System™ from DePuy, a Johnson & Johnson company. The patient, a Yuba City resident, hopes to resume his life free of debilitating pain. A former horseback rider, the 67 year-old patient is looking forward to getting back in the saddle.

Drs. Bargar and Blumenfeld have used the Ci System for over a year for knee replacements. This is the first use of this device for hip replacements in the Sacramento area. Both Drs. Bargar and Blumenfeld have undergone special training to use the new system for total hip replacements, and both continue to use the Ci System for knee replacements. Dr. Schule has been trained on the device for knee replacements, and will soon complete his training for hips.

Computer navigation systems provide the surgeon with a three-dimensional view of the hip or knee, as well as detailed data to help him more precisely align the implants during joint replacement surgery. More accurately aligned implants restore the mechanics of the joints and improve their performance. In addition, more precision in placing the implants can provide less chance of complications, such as dislocation or leg length inequality for hips, and stiffness or instability for knees. It is hoped that this added precision will result in better functioning joints that will last longer.

"This is a tremendous asset because more precision should lead to better patient outcomes", Dr. Bargar said. "This is a tool that will help us provide better treatment for all our total joint replacement patients."

www.jointsurgeons.com

Reducing Pain and Improving Recovery after Hip or Knee Replacement: *It's not just the about the incision.*

Thomas Blumenfeld, M.D.

You have probably seen the ads showing the happy pain free total hip patient going home 1-2 days after surgery. Some surgeons have championed the idea that “minimally invasive surgery” is the sole reason for the rapid recovery of patients after hip or knee surgery. Advertising campaigns have suggested that “minimally invasive surgery” will provide better outcomes and a faster return to normal daily activity. The difference between the fact and the fiction are now known, as controlled studies have recently been reported in respected orthopaedic journals showing that “minimally invasive surgery” alone may not necessarily lead to less pain, or a better outcome.

There are other factors at work, as well.

Most of our patients are currently going home sooner from the hospital, experiencing less pain, and returning more quickly to daily functions. While a smaller incision may be of some benefit, it is clear that there are four additional factors at work that may allow a patient to leave the hospital sooner, experience less pain, and return more quickly to normal activities. These factors can be categorized into: **mechanical, physiological, psychological, and medical.**

Mechanical: Up until 1 or 2 years ago, all patients undergoing cementless total hip arthroplasty were told to keep full weight off the operated leg for up to six weeks.

We now know that if the implant is stable at the time of surgery, most patients are safe to put as much weight down as they feel able from the first day after surgery. This has helped the patient walk increased distances shortly after surgery. At the same time we have increased the pace of physical therapy, so that most patients will start to walk the day after surgery. These simple changes have improved recovery, and allowed patients to leave the hospital sooner.

attitude and motivation can play a huge role in rapid recovery.

Physiological: What is pain? When the body sustains a minor injury, signals are sent to the brain. The brain responds to these signals and releases chemicals that work to decrease pain and inflammation. If these

chemicals stop the pain, the brain is no longer signaled to release chemicals; this feedback loop then stops. With surgery, more intense signals are sent out, and your body cannot control and stop the pain. This leads to overload of the system, which you interpret as pain after surgery. What if we could reduce or eliminate the signals that are first sent to the brain from the surgical incision? In theory, this should limit the amount of pain that is perceived, and is the idea behind what we call *pre-emptive pain management.*

How does it work?

In the pre-operative area the patient receives one medication to decrease pain, a second to decrease

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A Word From Steven Schule, M.D.

I feel privileged to be joining Drs. Bargar and Blumenfeld this April. I have been practicing Orthopaedic Surgery with Sutter Medical Group in Sacramento for the last 2 ½ years and look forward to focusing my practice on the field I enjoy most, total joint replacement.

I was fortunate enough to complete a fellowship with Dr. William Harris at Harvard Medical School in 2002. Dr. Harris is a world-renowned

pioneer who developed many of the implants and techniques that surgeons use throughout the world today. Even the scale to assess hip pain in patients with arthritis is called the Harris Hip Score.

My fellowship provided me the opportunity to learn cutting edge surgical techniques, conduct in-depth research, and gain a global perspective regarding the field of joint replacement surgery. I look forward to using this comprehensive training for my

patients in the Sacramento area.

I moved to Sacramento from southern California after marrying my wife, Jennifer. She has worked at Sutter Memorial Hospital as a nurse for several years, most recently as a coordinator of the kidney transplant team. We both believe moving to Sacramento has been the best decision we have ever made and look forward to raising a family here for many years to come.

Is It My Hip, Or Is It My Back?

By William L. Bargar, M.D.

Nearly every day I see a patient who comes in complaining of “hip” pain, only to determine that it is coming from the back. The symptoms are confusing, so how do we determine if the symptoms are coming from the hip or from the back?

Location of the pain

★ **Pain originating in the hip joint:**

- Usually occurs in the groin. It can spread down the front of the thigh and even be felt in the knee.
- Sometimes can be felt on the side of the hip. It feels like a deep ache.
- Can also be felt low in the buttock.

★ Pain on the side of the hip, sometimes running down the outside of the thigh, can be due to “**trochanteric bursitis**”. This is always tender to pressure directly over the “trochanter”, which is the bump of bone you feel at the side of your hip. This pain doesn’t really come from the hip joint, but comes from a bursa -- a tiny fluid-filled sac that functions as a gliding surface to reduce friction between tissues of the body.

★ **Pain originating in the lower back:**

- Is usually felt in the buttock, higher than the pain that come from the hip joint.
- Is usually felt near the “sacroiliac joint” a joint that is located a little above and on either side of the cleft between the buttocks.

- Can run down the back of the thigh, and spread to the calf, ankle or foot. This is called “sciatica”. Note: Pain originating in the hip can radiate to the knee, but never radiates to the ankle or foot.

Character of the pain

★ **Pain originating in the hip joint:**

- Is usually an ache, but can at times be sharp.
- Occurs with movement of the hip joint.
- Occurs with change in position, such as getting up from a chair, getting in or out of the car or putting on your shoes or socks.
- Is worse when taking the first few steps when beginning to walk, then usually feels better after walking a short distance, but usually worsens again during or after long walks. We call this “start-up pain”.
- It is almost always better at rest.
- It can occur at night, when you move the hip, such as turning over in bed.

★ **Pain originating in the back:**

- Usually is an ache, but can sometimes be like an electric shock.
- Usually does not occur when first beginning to walk, but gets worse with walking distances. Therefore it is not a “start-up” type pain.
- Can also occur at night, but is a more constant pain associated with maintaining certain positions.

- Comes on with: movement of the spine; coughing, sneezing or grunting; changes in position, staying in one position for a long period of time, like sitting in a car or standing or after prolonged walking.

Associated symptoms

Hip joint pain can be felt in the knee. We call it “referred pain”. The same nerves that carry signals from the hip joint also carry them from the knee joint, so pain originating in the hip joint can feel like it is coming from your knee. True knee pain is usually on one side of the knee. If the knee pain originates in the hip, it should not be painful to move the knee, and there should be no swelling, catching or locking in the knee.

Many people who feel “hip” pain due to problems with their back have a long history of low back pain. They may be fooled since the buttock pain is new. “Hip” pain originating in the back can be associated with numbness in the heel, foot or ankle. There may also be weakness of muscle groups such as those that hold the big toe up. “Foot drop” resulting in a limp can also occur due to nerve root compression.

What can you do, and what can we do?

Since we are Hip and Knee Specialists, we do not treat, or try to diagnose, back problems. If you develop a pain in the buttock that feels like the pain described above as originating in the back, it is best to wait at least three

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weeks and avoid any heavy lifting or unusual activity. Acute back pain is usually self-limiting and will gradually subside. If it does not improve, or if it worsens, and you have a history of back problems for which you have seen a physician in the past, make an

appointment to see that physician or your primary care doctor. If that physician thinks it could be your hip, then come see us. If your pain seems more typical for pain originating in the hip joint as described above, waiting a few weeks will do no harm, and

many times the symptoms will get better on their own. If they don't, try taking some anti-inflammatory medicine such as ibuprofen (Motrin, etc) naprosyn (Aleve) or Orudis for two or three weeks. If there is no improvement, make an appointment to see us.



Chastine Castro

Welcome Chastine and Kerri

Joint Surgeons of Sacramento is pleased to announce the additions of Kerri Lane, M.A. and Chastine Castro, M.A. to the practice. Kerri will be replacing Elizabeth as Dr. Bargar's Medical Assistant and Chastine will be Dr. Schule's Medical Assistant.

Please join us in welcoming Kerri and Chastine to our practice!



Kerri Lane

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inflammation, and a third to decrease nausea. The surgical anesthesia can also be modified to limit post-operative nausea. Post-operatively we continue these three medicines as needed. Our early experience to date with this pre-emptive regimen has been that most patients report having less pain after surgery, and require less pain medication. This has worked so well that now we rarely use the "push button" machine (PCA, Patient Controlled Anesthesia) after surgery. Limiting pain after surgery has multiple benefits and, together with more rapid rehabilitation, allows the patient to leave the hospital sooner.

Psychological: Studies have shown that attitude and motivation can play

a huge role in rapid recovery. In joint replacement surgery, patients who understand the goals that must be accomplished to go home, and then set goals for each day usually have a shorter hospital stay. Patients motivated to go home 2 days after surgery usually are able to do so. A careful consideration on your part of your wishes and abilities, combined with your surgeon's advice, can set the stage for an early discharge.

Medical: Patients with medical conditions that cause debilitation, such as a bad heart, other joint involvement or significant obesity, may not be able to mobilize as quickly as others after surgery and may not be candidates to go home by day 2. However, even patients

with severe medical illnesses, with appropriate expectations, can go home sooner than they used to, perhaps in 3-4 days rather than 6-10 days.

Time will tell us if any one of the factors is more important than the others. The future is extremely bright in joint replacement. Not only can we give you a hip or knee that should last 15-20 years or longer through a smaller incision with less pain, we can also get you home faster. If you are planning on surgery in the future, be sure to speak with us about when you wish to get home and how we can help you accomplish your goal.

Good Luck Elizabeth!

After 16 years as Dr. Bargar's medical assistant, Elizabeth Lowe is retiring. She is looking forward to traveling with her husband, Charles, and having the free time for her many hobbies -- painting, knitting, quilting, pottery, bicycling and improving her golf score.

Elizabeth has been a part of the

Joint Surgeons of Sacramento family since the early days of the practice. We want to wish her happiness and a long healthy retirement.

Elizabeth, we all will miss you!



Satellite Office in Elk Grove

Dr. Steven Schule, our newest member of the Joint Surgeons of Sacramento team, will be welcoming patients with general orthopaedic concerns twice weekly in his satellite office in Elk Grove. On Mondays 12-5 and Wednesdays 8-11, patients with issues related to fracture care, shoulder, hip, and knee problems will be able to visit Dr. Schule at 9098 Laguna Main Street #6, in Elk Grove. For appointments, call the main Sacramento number: (916) 733-5066.

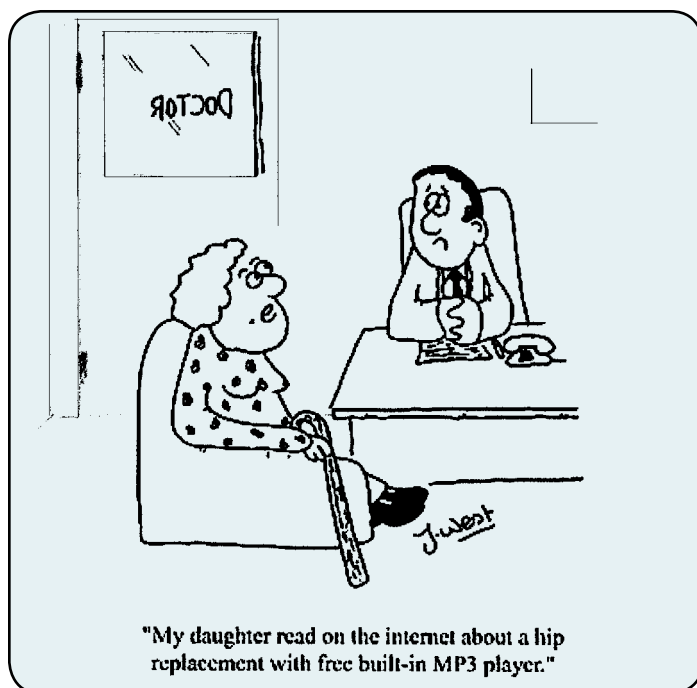
A referral is the highest compliment you can give to our practice and reputation. Here at Joint Surgeons of Sacramento, we look forward to meeting your friends and family. Your trust and support are greatly appreciated.

Please Help Us Keep On Time

No one likes to wait, so please help our office run efficiently and keep our appointments with you on time. If you are coming in for a routine follow-up appointment and you would like us to evaluate a problem with a different joint, please let us know in advance, so that we may allow sufficient time.

Receive Our Newsletter Online!

If you have access to the Internet, you can now receive our newsletter online. Simply go to our website www.jointsurgeons.com and click the "newsletter" button. Then, enter your e-mail address in the box provided. This is a great way to get our newsletters "hot off the press". You can easily share it with friends or print it off on your own printer.



Learn About New Trends in Total Joint Replacement

Mark the date

April 26th. 5:30-7:30 PM.

Dr. Steven Schule will be speaking at the Sutter Cancer Center,
2800 L Street, Sacramento, Classrooms 1- 4, first floor

Dr. Schule will be discussing the latest trends in pain management, physical therapy, total joint implant technology, and the latest computer navigation, as well as who are good candidates for joint replacement surgery.

Plan Ahead

Wednesday, December 6, 2006 6:00-7:00 P.M. Doors open for registration at 5:30. P.M.

Dr. Thomas Blumenfeld will discuss *Contemporary Issues in Joint Replacement*
Sutter Cancer Center

2800 L Street, Sacramento, Classrooms 1- 4, first floor

For more information, call the Sutter Orthopaedic Institute at 1-877-361-2663 ext. 4.
Since seating is limited, please call ahead to RSVP.

JOINT EFFORT

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