

RESTORING the JOY of MOTION



Winter 2008

Dr. Huddleston, at the Forefront of the Joint Revolution



In the U.S. alone, more than half a million hip and knee replacements are performed each year, and with the baby-boomers entering their golden years, this number is expected to soar.

People are more active today than ever before, and expect to remain active with their new hip or knee replacement. Revolutionary advances in hip replacement, and to a slightly lesser extent in knee replacement, allow patients to resume a very active lifestyle after surgery.

Dr. Herbert D. Huddleston has remained at the forefront of this "joint revolution" and offers his patients the latest available technique and implant options, geared toward quick recoveries and active lifestyles: from the minimally invasive, Large Head metal-on-metal total hip replacement, to Hip Resurfacing, and minimally invasive Mobile Bearing Knee Replacement.

"I am amazed at the progress and advances made in joint surgery over the past three years" says Dr. Huddleston, who went to England in June of last year
Joint Revolution, continued on page 4

It's all about Rapid Recovery and Durability BFH Large Head Technology and the PATH Technique

Legendary tennis icon Jimmy Connors is one of many very happy patients who have undergone total hip replacement with BFH technology, installed by the PATH technique. One of the recent revolutionary break-throughs in joint replacement surgery, the large diameter BFH femoral head is designed to mimic the natural movements of the body's own hip, providing better range of motion and greater stability than past designs. BFH and PATH make for a very rapid recovery to normal activity. Connors was playing

tennis six weeks after surgery.

Traditional total hip replacement replaces the large natural femoral head ball with a much smaller ball than the original, decreasing the hip's range of motion. BFH-type implants are



more true to the actual size of the femoral head, creating a more anatomically correct replacement. This also helps to reduce the risk of dislocation in the joint, so that there are no movement restrictions required after the operation.

P.A.T.H.: **Less Invasive and Less Traumatic**

The BFH-type **large head, the metal on metal bearings,** and the **surface replacement** are one half of the front-page story. The P.A.T.H. technique, using instruments developed by Wright Medical is the other. It is one of the truly GREAT advances in the actual way the hip implant is surgically installed. It is the least invasive of all the many **minimally invasive techniques.** It is also the

P.A.T.H., continued on page 2



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P.A.T.H.

(Continued from page 1)

most technically challenging. Most patients (and many surgeons) believe that **"minimally invasive"** means a short skin incision. What goes on underneath the skin is more important than the length of the scar. The minimal amount of tissue injury involved means less pain, less blood loss, fewer complications, fewer restrictions and a very much more rapid return to normal. After standard hip replacement patients take three to six weeks to walk without a walker or cane. With the P.A.T.H. technique many patients are able to walk without a cane or walker by the next day, which is truly amazing. Many are now able to shorten their recovery to a matter of days. Most patients can get back to work within two weeks or less.

"The incision is small, only two to two and a half inches in "skinny" patients," says Dr. Huddleston. "Only one small muscle tendon is cut, and it is later reattached. In addition, the other muscles are not stretched nearly as much as in a standard hip replacement." All of this leads to a faster recovery with a minimal amount of pain. The amount of blood lost is so small that few patients need a blood transfusion.

"For the first time in so many years, after surgery, I can't believe that I have no pain."

Jimmy Connors



Surface Replacement Comes to America

Hip Resurfacing is another new technique, and is an especially good option for the younger patient. In July of 2007, after ten years of success in Europe and Australia, the FDA finally cleared the Birmingham Surface Replacement for use in the U.S.

For all these years, patients under 55 have been told to hold off on a hip replacement until they are older. This was due mainly to the life expectancy of the old metal-on-plastic hip replacements — about 10-15 years in a person over age 65. Younger people are likely to place more stress on the artificial joint so, with the older designs, a hip might fail in even less time in a person under 50. A 50-year-old patient having a standard hip replacement might have had to have a "re-do" by 60 or 65.

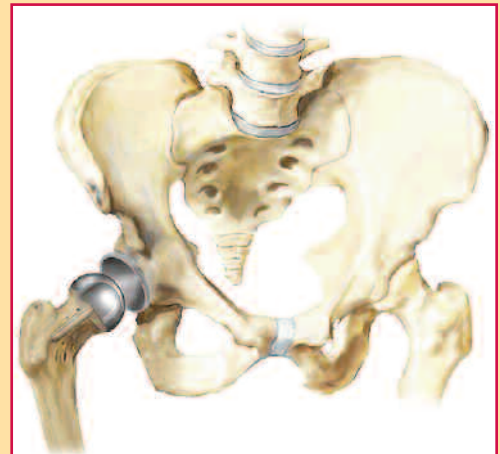
Now younger patients, in the prime of their lives, can reap the benefits of a hip replacement during their "good" years, instead of having to postpone surgery and live in pain until they are "old enough."

So, how does a patient decide between a surface replacement and a BFR-type metal-on-metal replacement? The longer a patient's life expectancy, the lower the chances are that even the best large-head, metal-on-metal hip replacement will last a lifetime. So, for patients under 50 a surface replacement would almost always be the best choice.

Patients over 65 do well with large metal on metal hips, which, at that age, may last a lifetime, so surface replacement is not a reasonable option.

Patients between 50 and 65 could go either way, depending on their personal choice and other factors, which include:

- Patients with osteoporosis (soft bones), or very extensive osteonecrosis (dead bone), or large bone cysts, are not good candidates for surface replacement.
- In surface replacement the hip ball blocks the surgeon's access to the socket, necessitating a longer incision, and therefore a longer recovery and slightly more blood loss.
- The narrow bridge of bone between the thighbone and the hip ball (the femoral neck) can fracture during the first year after surface replacement (about a 2% chance), requiring re-operation. Patients with a very wide femoral neck are not good candidates for surface replacement.



The Implant

The BIRMINGHAM HIP Resurfacing System implant has two parts:

- ***A metal cap is fitted over the top of the resurfaced femoral ball – in much the same way a metal crown is fitted over a resurfaced tooth.***
- ***A corresponding metal socket or cup is fitted into the pelvic socket.***

Now instead of grinding bone on bone, the resurfaced metal on metal hip joint glides with a smooth, natural motion.

A little over a year ago at age 49, Kenton Rand decided it was time to take charge of his declining health. Rand, a producer/director in the Los Angeles area, had slowly become an overweight couch potato. So he embarked on a rigorous walking program and a regular exercise routine. "In less than 6 months" Rand says, "I had shed forty-five pounds and was in a much healthier place." One day, though, while out walking, his life suddenly took a bad turn. He stepped off the curb, felt something "give" in his left hip, and collapsed. "I lay there in excruciating pain," says Rand, "and I practically crawled home."

The next week Rand saw a doctor and was diagnosed by MRI as having "avascular necrosis of the hip" — a condition which he had never heard of, in which the bone of the hip ball dies because of an inadequate blood supply. The cause is usually unknown.

"In a way I was lucky to have fallen, because I had no idea that my hip was in such terrible shape," says Rand. He learned to his horror that, young as he was, he needed a hip replacement. "I was freaked out!"

After consulting with (and interviewing) several prominent orthopedic surgeons, Rand scheduled a consultation with Dr. Huddleston. "I just clicked with him — I had a whole new comfort level and the Karma changed!" says Rand. Dr. Huddleston told Rand that, at his age, he might be a perfect candidate for the Birmingham Hip Resurfacing (BHR) procedure if the ball of the hip had adequate support for the metal cap that would cover it. He would not be certain until he was able to see the bone at surgery.



More Active Than Ever After Hip Resurfacing

"He told me that the BHR is an alternative to a total hip replacement for the younger, more active patient, and that perfectly described the new me," says Rand. "I went on the Internet and found that the procedure had only recently received approval from the FDA for use in the United States, and that Dr. Huddleston was one of only a handful of Los Angeles surgeons trained to perform the procedure, and one of less than a hundred in the U.S."

"I learned that the procedure is performed by removing a thin layer of bone from the hip ball," like skinning an apple." The ball is preserved and a metal cap is bonded to it, whereas in a regular hip replacement the ball of the femur bone is removed as a first step in an operation that also machines away at the damaged surface of the hip socket and replaces it with a metal socket." For younger patients concerned with the potential of multiple revision surgeries over their lifetime, saving as much bone as possible is especially important. "I felt much better about the prospect of hip replacement knowing that I had a good chance of having a less invasive implant."

Rand did not know until after his surgery if he had had a conventional replacement or a BHR — Dr. Huddleston brought the x-rays to his hospital room to show him what the final decision had been: his hip was perfect for a surface replacement despite the damaged bone.

In less than four days after surgery, Rand was walking without a walker or a cane. "I woke up with very little pain. Dr. Huddleston injects this 'magic cocktail' of pain medications into soft tissues around the hip before he closes the wound" says Rand.

His surgery was in August of '07. Less than 4 months later, he is taking 25-mile bike rides and is more active than ever. He has now also shed the rest of his excess weight — a total of 70 pounds! "The only bummer is that I have not set off the metal detectors in an airport yet," he says with a chuckle.

For more information about the Birmingham Surface Replacement, BHR Technology and the PATH Technique please go to www.hipsandknees.com

Joint Revolution

(Continued from page 1)

for special training in the Birmingham Surface Replacement (BSR) technique. Dr. Huddleston was the first Los Angeles surgeon to be trained in the technique. The BSR was released for use in the U.S. for the first time a month later. Dr. Huddleston has also been specially trained in the P.A.T.H. technique (see page 1).

For more than twenty years Dr. Huddleston has remained on the cutting edge, "restoring the joy of motion" to many, many thousands of patients, and continues to do so for hundreds of patients each year.

We are located on the corner of Etiwanda and Clark Street just off Reseda Blvd.

The Hip and Knee Institute

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You can always visit us on the web at www.thehipandkneeinstitute.com

Driving Directions to Dr. Huddleston's office:

From the East

(Pasadena, Glendale, etc.)

1. 101 Fwy North
2. Exit Reseda Blvd.
3. Left on Reseda Blvd.
4. Left on Clark Street
5. Left on Etiwanda Ave.

From the West/North

(Ventura, Oxnard, Conejo Valley, etc.)

1. 101 Fwy South
2. Exit Reseda Blvd.
3. Right on Reseda Blvd.
4. Left on Clark Street
5. Left on Etiwanda Ave.

From the South

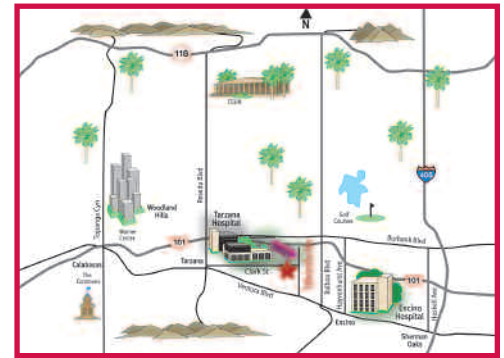
(Santa Monica, LAX, etc.)

1. 405 North to 101 Fwy
2. Exit Reseda Blvd.
3. Left on Reseda Blvd.
4. Left on Clark Street
5. Left on Etiwanda Ave.

From the North

(Santa Clarita, Antelope Valley, Bakersfield, etc.)

1. 5 Fwy South to the 405 Fwy South to the 101 Fwy North
2. Exit Reseda Blvd.
3. Left on Reseda Blvd.
4. Left on Clark Street
5. Left on Etiwanda Ave.



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