SeniorCircleplus

Senior Circle Plus/W14
Cleveland Clinic Foundation
9500 Euclid Avenue
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All puffed up

Fixing bones with balloons

Osteoporosis, which affects nearly 10 million people in the United States, weakens bones, causing them to collapse and fracture. One in two women and one in four men over age 50 will experience an osteoporotic fracture in their lifetime. Amazingly, fragile bones weakened through osteoporosis can collapse from something as simple as a sneeze, and the fracture is not always painful.

Of the 1.5 million fragility fractures in the United States each year, studies indicate that 700,000 occur in the spine. Fractures of the spine—vertical compression fractures—are most commonly caused by osteoporosis.

"There are serious consequences of untreated vertebral compression fracture," says Jeffrey J. Roberts, M.D., Lakewood Hospital orthopedic surgeon. "Fractures in the thoracic spine area—the chest—can restrict lung function. Vertebral fractures can also lower life expectancy."

Now there's a new minimally invasive procedure—kyphoplasty—for repair of osteoporotic spine fractures. With kyphoplasty, Roberts explains, a small incision is made in the patient's back, creating a narrow pathway into the fractured bone. "We then insert an inflatable balloon-like device into the collapsed vertebra. We inflate the balloon, and it lifts the collapsed portion of the spine back into place, creating a space we then fill with special bone cement."

Before kyphoplasty, patients with vertebral fractures would have to wear a back brace, be on bed rest and take medication. "With this procedure," Roberts says, "patients stay in the hospital overnight, but they do not require medication or a brace. Kyphoplasty allows them to return to the mainstream of life much sooner."

A simple solution, cont.

Open abdominal surgery offers patients a longer-term solution to stress incontinence, but it's major surgery that can lead to serious complications.

Now, however, there's a simple surgical procedure—laparoscopic bladder neck suspension—that can solve the problem of incontinence.

Using a laparoscope—a small, lighted instrument equipped with a tiny camera—the surgeon can view the internal organs on a video monitor. With the patient under general anesthesia, the 45-minute suspension procedure is performed through three small incisions near the navel. The surgeon inserts the laparoscope through the first incision, usually about the size of a small button hidden near the navel. Surgical instruments are inserted through the other two incisions to secure the bladder neck to surrounding tissue.

According to Morse, laparoscopic bladder neck suspension offers patients a 99 percent success rate, with less risk, faster recovery time and less scarring than traditional open abdominal surgery. Side effects and complications are rare. Most patients are up and about within a day or two and some even go back to work the day after surgery. Morse adds that patients can participate in all activities, including sports and strenuous exercises, within about six weeks.

Reid Morse, M.D.

For more information about Reid Morse, M.D., or any other urologist on staff at Fairview Hospital, call our Physician Referral Line at **216/476-4350**.

SeniorCircle plus

NEWS AND HEALTH INFORMATION FOR SENIORS WINTER 2004

Cleveland Clinic Health System™ Fairview Lakewood Lutheran

A simple solution

Urinary stress incontinence is a common problem that's easily solved

It's embarrassing for most people to talk about, but nearly half of all women age 40 and older will experience some degree of urinary stress incontinence.

"Stress incontinence is an extremely difficult problem for many women and can ruin their quality of life," says Reid Morse, M.D., Fairview Hospital urologist.

Vaginal and pelvic floor muscles are stretched after childbirth. Excess weight, surgery or lowered estrogen levels during menopause also can cause the back of the bladder to sag or drop. In its lowered position, Morse explains, the bladder neck won't stay closed under abdominal pressure from coughing, sneezing and other physical activity—even just standing up. This causes urine to leak out.

Traditional treatments for mild to moderate stress incontinence include muscle-building techniques, known as Kegel exercises, or medication to strengthen the weakened muscles. However, physicians continue to debate the effectiveness of these treatments.

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Pioneering surgery

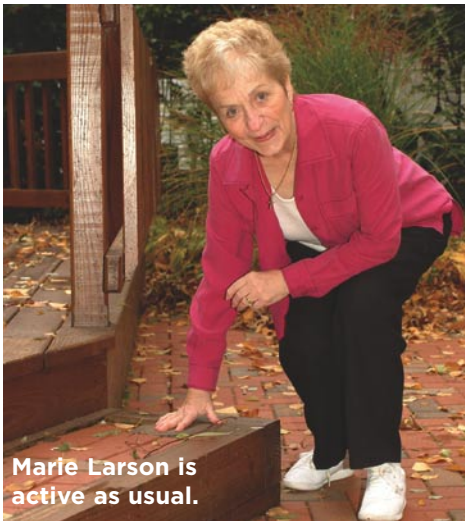
New technology for knee replacement finds great success

Marie Larson never thought of herself as a pioneer, but she is. The 78-year-old Rocky River resident fell at her home earlier this summer. Always an active person, she wanted to make sure she had the best chance for regaining her mobility. So she turned to Bernard Stulberg, M.D., director of the Center for Joint Reconstruction at the Cleveland Orthopaedic and Spine Hospital at Lutheran Hospital.

Dr. Stulberg is the first surgeon in northeast Ohio to begin performing total knee replacement surgery using the leading-edge Stryker Navigation System. On July 30, Marie became one of the first patients to benefit from this new technology.

The goal of total knee replacement is to restore the natural center of rotation, Dr. Stulberg explains. Success of the surgery depends heavily on alignment of the patient's knee, hip and ankle. Due to variations in patients' individual anatomies, however, traditional surgical instruments based on average shapes and angles can result in less-than-ideal alignment.

"This new technology is like a global positioning system for the knee," Dr. Stulberg explains. "It's a precise tool that provides surgeons with an outstanding breadth of information about the knee before the prosthesis is placed. The data enables us to make real-time adjustments to correctly position and orient the artificial knee."



Marie Larson is active as usual.

The Stryker Navigation System consists of a "smart camera" that provides two-way communication between the system's wireless instruments (computer, monitor, special software, and a pointer and tracker). Each instrument stores its own calibration data and tests itself each time it's brought into the operation field.

"The technology's high degree of accuracy helps restore normal knee function, improve joint stability, and it results in fewer complications and a shorter hospital stay," Dr. Stulberg says. "With better positioning, the knee can last longer and perform better. It's unlikely the patient will have to undergo the procedure again within the next 15 years."

For more information about the Cleveland Orthopaedic and Spine Hospital at Lutheran, call 800/220-8202.