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Hip replacement patient to compete in Galloway Captiva Triathlon

Posted August 2, 2011 at 2:25 p.m., updated August 2, 2011 at 2:25 p.m.

Running, biking and swimming are all activities that require the hip, knee and shoulder joints to function properly and pain-free. That's why Dr. Robert J. Zehr and the Zehr Center for Orthopaedics are sponsoring the inaugural Galloway Captiva Triathlon at South Seas Island Resort on September 18, 2011.

"People often think that joint pain is the beginning of the end of their active lifestyle. That's not necessarily true," says Dr. Zehr. "There are several treatment options to ease the pain of arthritic joints. And if joint replacement surgery is required, new surgical methods can restore a patient's activity level and provide a pain-free life."

The direct anterior approach to total hip replacement is one of those methods. It is minimally invasive, more accurate and less restrictive than the conventional approach. Using an incision of no more than 4," the procedure is accomplished without cutting muscle or detaching it from the bone. The real time use of a specialized X-ray machine known as a fluoroscope allows the surgeon to see the placement of the component parts of the hip replacement and to make adjustments immediately to give the patient the most accurately placed hip prosthesis and to have the most equal leg lengths before leaving the operating room. After conventional hip replacement surgery, patients must limit flexing of the hip to no more than 60 to 90 degrees, which complicates normal activities like sitting in a chair, on a toilet seat, putting on shoes or getting into a car. Simply climbing stairs may also be more difficult during recovery when following the conventional replacement surgery. These restrictions, simply do not apply after hip replacement using the direct anterior approach technique.

In December of 2008 Sue Ann Miller, 62, had her right hip replaced by Dr. Zehr using the direct anterior approach technique. Six months later she was back to competing in sprint triathlons and has participated in several events since, including two half-marathons. Miller will be competing in the inaugural Galloway Captiva Triathlon.

"Those results are not unusual," Dr. Zehr explains. "Patients receiving hip replacements with the direct anterior approach are up and walking within hours of the surgery with the aid of a walker or a cane. The hospital stay is usually two days and most patients can return to regular activities like golf, biking and distance walking in as few as four weeks."

The learning curve for this technique is pretty steep according to Dr. Zehr. The use of a specialized operating table, the hana arthroplasty table, aids the surgeon, but not every hospital can afford one. These factors combine to make the direct anterior approach to hip replacement a highly specialized technique, used by fewer than 5% of orthopedic surgeons nationally.

The inaugural Galloway Captiva Triathlon will benefit Community Cooperative Ministries Inc.'s local programs, including the Soup Kitchen and Meals on Wheels. More information and online registration is available at http://captivatri.org.

To learn more about the direct anterior approach to hip replacement and the other surgical specialties of the Zehr Center for Orthopaedics visit http://zehrcenter.com.