



SPECIAL STRIDES

It's been 5 months since I had my hip replaced by Drs. Kristaps and John Keggi. As an orthopaedic surgeon, I knew full well what potential risks and complications were inherent with the operation. It is always difficult to submit oneself and have the resolve to become so vulnerable, i.e., a patient. Sometimes being informed and knowledgeable makes steps of faith more challenging, yet when the experience is positive, it is all the more validating. So it is with my story.

Shortly after the initial post-op recovery I began my reintroduction to activity. No longer consumed by functional compromise, my affect and outlook improved. The background noise of chronic pain dulls the ability to fully embrace the world around. Night pain and daytime fatigue made me feel and look old. The fountain of youth resided in the surgical suite.

I came to Waterbury to join the practice of one of the most celebrated and renowned hip surgeons. Kristaps Keggi has for eleven years been my career mentor, steadfast colleague and loyal friend. It seemed fated that my physical need of a deteriorated hip was met and remedied at my professional home.

I am greatly indebted to the Keggis for their care. Once again, I can walk with my family, sleep through the night and no longer surrender to a wasting hip. My charge is to those individuals who suffer the infirmity of hip pain – feel secure that hope in relief is well founded. 🌱



Dr. Michael Kaplan – surrounded by love

Tomorrow's World is Shaped Today



STRIDES

Newsletter of the
KEGGI ORTHOPAEDIC FOUNDATION

Sharing the Vision!

Thirty plus years ago Kristaps J. Keggi didn't need an entrepreneurial challenge by which to develop his vision. He already had that vision – a broad, wide vision; a vision that included his own recognition of a need to help relieve the pain of patients suffering from joint deterioration; a need that would become more necessary. He possessed the mental rationale by which he was able to understand that his world of orthopaedic specialty would require ever changing techniques, to keep his surgical approach and the materials he uses always up to date. His ever current perspective is the result of steady and dependable research. Dr. Keggi knew he could make a large contribution to the wellbeing of those in need of joint replacement. To be in his field for the long term, would require his persistent thought beyond the present, keeping his eye on a shifting horizon, clearly identifying the needs of the route ahead. In his specialty of orthopaedics Dr. Keggi possesses the ambition necessary to achieve his own goals and at the same time encourage other medical professionals to achieve theirs.

A leader in his field - and therefore a visionary - of equal importance to Dr. Keggi was initially to share his insights with a local community and then at a global level. The possibilities were infinite because he recognized his ideas could be passed on to and appreciated by young up and coming medical professionals in many countries.

As a full professor at Yale University School of Medicine, Dr. Kristaps Keggi enjoys sharing his vision with the Yale Residents. He likes teaching and giving accounts of his own past experiences, how they relate to the present, and his picture of the future. The career development of the Yale Residents in rotation is improved through the value of one-on-one interaction with Dr. Keggi in surgery, and also when the residents participate during office consultations.

So successful is the Residents rotation program, that Dr. Keggi extended that local educational program by

founding and presiding over a organization known as the Keggi Orthopaedic Foundation. The Foundation then established an exchange program for doctors from other countries. These young doctors are known as "Fellows" and, as with the Yale Residents, they observe Dr. Keggi at work in surgery as he applies his successful, ever-current techniques to his patients here in Waterbury. The young doctors appreciate the wisdom of the seasoned teacher who focuses on the needs of the present as they occur, while concentrating on the needs of the future as they evolve.

Through the leadership of Kristaps Keggi, the Foundation is recognized as an organization of visual exploration, one constantly evaluating the alternatives to best help those it serves, gathering its knowledge through the results collected from his own orthopaedic patient community. KOF is a powerful motivator to the Fellows who participate in its exchange program. At the end of their three months in Waterbury, the doctors return home with more enthusiasm and greater hope for their own patients. Their focus is more concentrated and they show an extra willingness to meet the challenges of their profession in a valuable and meaningful way. The vision Dr. Keggi has shared for so long and with so many medical professionals, has ultimately had a profound positive impact on the lives of many patients, whose improved quality of life now permits them to pursue their own dreams.

As you share in the vision, please help us to continue the work of the Foundation's important programs with your financial support. 🌱

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total hip replacement.

STRIDES

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Laurine E. Zatorski

Alexandra Hill

Newsletter Staff:

Business Manager

Margaret R. DelGatti

Director and Coordinator of Education

Laurine E. Zatorski, RN

Keggi Orthopaedic Foundation Staff:

Francis Wiatr

Joshua A. Tepitzky, J.D., C.P.A.

Wayne O. Southwick, MD

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Nathaniel Reed

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Robert McEneaney

Sherman Krevolin, Esq.

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Michael J. Kaplan, MD

Catherine Keggi Hunter

Alexandra Hill

Orpheus J. Bizzozero, MD

President and Founder

Kristaps J. Keggi, MD, FACS

Board of Directors:

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Newsletter of the Keggi Orthopaedic Foundation

Keggi Orthopaedic Foundation
Turnpike Office Park
1579 Straits Turnpike
Middletown, CT 06762
Tel: 203.598.0069
Fax: 203.598.0071

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A MESSAGE FROM THE PRESIDENT



Even in orthopaedic surgery history repeats itself. Hip resurfacing as a “new” idea.

Almost thirty years ago a new hip operation was introduced to us. We had been doing “total” replacements for some seven years and were starting to encounter failures compromising the entire thigh bone. Bone cement loosened, broke or got infected inside the femur. The answer to the problems was to do a “conservative” hip replacement that did not involve cement or prostheses in the shaft of the femur/thigh bone. The femoral head (ball of the hip) was to be preserved. Instead of cutting it off, the plan was to remove the osteophytes (bone spurs), to reshape it, then resurface it (cover it) with a thin metal cap. The acetabulum (hip socket) was also reshaped and machined to accept the capped femur. The early results of this procedure were excellent, but the thin plastic sockets

failed and the procedure was abandoned. I had done approximately forty of these operations and even though some of them lasted a long time, their manufacture was abandoned by the orthopaedic industry.....only to be brought back now.

It is modified and the sockets are now made of metal, but the basic principles are the same. The femoral head is preserved, the femoral canal is not violated, bone is preserved, and should the metal shells fail, it would be possible to insert a conventional hip prosthesis with its stem in the femoral canal. Larger femoral balls can also be used with this device and they may allow better motion with decreased chances of dislocation. It is promoted as the hip operation of choice in the young and active patients.

There are controversial aspects to this procedure, it is not complication free, and we worry about elevated cobalt chrome levels in the blood and large organs, but it does have very specific indications, and I am pleased that we will be able to offer it to our patients.

My nephew, Dr. John Keggi, and our associate, Dr. Ted Kennon, have just returned from England where they learned the new/old procedure, became acquainted with the new instruments and are ready to provide it to the young, active, specifically selected patients.

History repeats itself sometimes for the worse, but in this case the repetition of hip resurfacing is for the good. 🦋



Watch for the Spring 2007 issue of STRIDES for more details on the new “Birmingham” hip.



Nonsurgical Treatments for Hip & Knee Pain

By Robert Edward “Ted” Kennon, M.D.

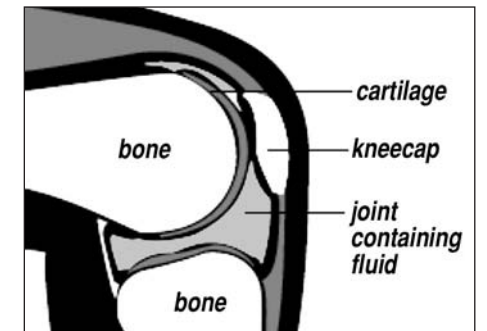
Although we are orthopaedic surgeons, many patients are surprised to learn that we have many non-surgical options for hip and knee problems that are not severe enough to need surgery. Additionally, many patients are relieved to find that the hip or knee pain they have been experiencing may not be due to arthritis at all, but may in fact be from bursitis or muscular pain, and all they need is an injection and/or some physical therapy rather than surgery.

Many non-surgical options, such as physical therapy and cortisone injections, have been utilized for decades. It is not unusual that a patient may simply need to have fluid drained from a swollen knee and receive an injection to obtain significant relief right away. Increasingly however, additional options are available for patients to delay or avoid surgery, and several new treatments are now available for hips and knees.

Knee Hyaluronan Therapy

When cortisone injections are not a good choice (because they no longer provide adequate relief or because of concerns of side effects), hyaluronan injections are another option before surgery. These treatments involve injections with a clear, thick gel that acts as a lubricant, shock absorber, and anti-inflammatory substance. It is made from viscous substances that naturally occur in the joints of the body, but with degenerative disease there often are less of these natural shock absorbers and lubricants than there should be. These injections have several different names from various pharmaceutical manufacturers, such as Synvisc, Supartz, Hyalgan, or Euflexxa. These are administered in 3 or 5 weekly injections, and the gel remains in the joint for months.

Out of hundreds of injections given to our patients each year, about 60-70% obtain significant relief and improved function. Others have arthritis that is advanced beyond pharmaceutical treatment and need surgery, but the injections can be repeated every 6 months if patients do well, and have fewer side effects than most traditional pharmaceutical therapies. Some patients with less severe arthritis can receive the injections for several years before joint replacement surgery becomes necessary.



Hip Injections Under Fluoroscopy

Some patients with hip pain may not be at a point where they require surgery. Others may know that they need hip surgery, but because of other events in their lives – such as a wedding, travel plans, or unrelated health issues that need to be resolved first – have decided to postpone surgery. Still others may have pain from two different sources, commonly the hip and the back, and need to have a hip injection to see if their pain improves and determine whether the problem is stemming more from the back (e.g., sciatica) or their hip joint. These are all good candidates for hip injection under fluoroscopy. With this procedure, which typically takes less than 10 minutes in the office, an injection with cortisone, marcaine, and contrast is placed directly into the hip joint under live x-ray (the area is anesthetized first with a numbing medication.) Most patients feel better very quickly, and the results can last for several months. It is a very useful procedure for both diagnostic and therapeutic purposes.

Other Aches & Pains, Other Treatment Options

There are a wide variety of additional injuries and problems besides arthritis that can cause musculoskeletal pain. Fractures and sprains are often treated with splints, braces, or casts, and tendonitis or bursitis can be treated with cortisone shots and physical therapy. As an example, trochanteric bursitis is a particularly common source of pain along the side of the hip, with lateral soreness and tenderness. This usually resolves with injections, physical therapy, and activity modification. Some patients can have underlying arthritis as well as overlying bursitis. A history and physical examination, with or without x-rays, is usually needed for diagnosis. 🦋