

Minimally invasive hip & knee

replacement surgery
reduces pain, cuts
recovery time

Eroded hip replaced in 29-year-old restores her life

MUSC BONE & JOINT CENTER

As the director of sports marketing for the College of Charleston, Melissa McCants is in the business of pacing the sidelines. For the last several years, all that pacing was extremely painful due to osteoarthritis in her left hip. In this common form of arthritis, the spongy cartilage that cushions bones wears away. Without the protective padding, bones rub together, causing pain and limiting movement.

Diagnosed with arthritis as a teenager, the on-the-run 29-year-old knew she would have to have her hip replaced at some point. Last year, the pain finally caught up with her. "I thought, I'm so young and athletic - I don't have time to be in pain," remembers McCants, who took over-the-counter pain relievers every day. "I was ready to live pain-free."

After researching the procedure and talking with other patients, McCants chose H. Del Schutte, M.D., an MUSC orthopaedic surgeon, to replace her eroded hip with a titanium and plastic model. Dr. Schutte says McCants was a great candidate for minimally invasive surgery, a new approach to hip and knee replacement that reduces pain and cuts recovery time.

"We have extensive experience using a variety of minimally invasive procedures," Dr. Schutte says. "This technique allows us to use significantly smaller incisions, which cause less damage to the surrounding muscles and tendons. As a result, patients experience less pain and recover more quickly than they would from more traditional surgeries."

On March 1, Dr. Schutte replaced McCants' hip through a tiny, 4-inch incision - as opposed to

a 12- to 18-inch incision used in the traditional approach. That afternoon, McCants was on her feet and began five days of physical therapy in the hospital. Back at home, she spent six weeks on crutches, performed daily strengthening exercises and joined a water aerobics class.

Two months after surgery, the young athlete noticed a big difference. "For the first time in a long time, I was able to walk normally, without pain," she says. "It was amazing. And now, a year later, I don't even have to think about moving around. Pain is no longer an issue."

30 percent of patients are candidates

Dr. Schutte estimates that 30 percent of patients he and his colleagues see are candidates for minimally invasive hip and knee surgery. He generally recommends the procedure for people who are thin, physically fit and have basic forms of arthritis such as osteoarthritis or rheumatoid arthritis.

Getting ready to return to the tennis court this spring, McCants recommends the surgery to other arthritis patients. "The eight weeks of rehabilitation are nothing compared to a lifetime of pain-free days that follow. The surgery is absolutely the best thing I have ever done."

For more information about minimally-invasive knee and hip surgery, call MUSC Health Connection at 792-1414 or 1-800-424-MUSC. Physician and self-referrals are welcome.

Women's heart health

- continued from page 3

"It is important to know your risk factors," she says. One of the most important factors is family history of heart disease. Mrs. Reinhardt's family history of heart disease couldn't be much worse. Her father suffered a stroke at 65 and had bypass surgery at 70; her grandmother had a heart attack at 52; two uncles died in their 40s of heart attack; a third died of a heart attack on the golf course at 65; a fourth uncle has coronary artery disease and another hypertension.

On top of that, Mrs. Reinhardt grew up on a tobacco farm. You could say tobacco was in her blood. She started smoking at 28. Over the years, she quit and started up again and again. Unlike family health history, behaviors like smoking can be controlled. On

this point, Mrs. Reinhardt was especially emphatic. "Do not wait for a heart attack to make changes," she says. "Stop smoking, stop smoking, stop smoking!"

According to the National Heart Lung and Blood Institute, smokers are two to six times more likely to suffer a heart attack than nonsmoking women, and the risk increases with the number of cigarettes smoked each day. Smoking also boosts the risk of stroke.

Mrs. Reinhardt had other risk factors. She was overweight, didn't exercise regularly and had elevated cholesterol.

Due to her experience, however, all that has changed. Mrs. Reinhardt has taken charge of her health and her life. She exercises regularly, eats much better - especially by eating less fat - and she quit smoking. "I'm

much healthier now in my mid-50s than I was in my early 40s," she says.

Marcia Reinhardt's messages:

- Don't wait to have a heart attack to get help
- Quit smoking
- Make changes now to control your weight, cholesterol and blood pressure
- If you do think you're having a heart attack, call 911