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With Paula's minimally invasive hip replacement surgery, it didn't take her long to get back on her three-wheeled bike.

ALL HIP REPLACEMENTS ARE NOT CREATED EQUAL

Paula Shremshock's right hip was in pain. "Dr. Constine replaced my left hip about 15 years before," she describes, "so I knew just what to do. I called and scheduled an appointment with him."

Ronald M. Constine, MD, is certified by the American Board of Orthopedic Surgery and has more than 20 years of surgical experience. His primary specialty is orthopedic surgery with clinical interest in total joint replacement of hips, knees, and shoulders; revision surgery; partial knee replacement; arthroscopic surgery; and fracture care.

"He's excellent," observes Paula. "Along with my hip replacements he's also treated me for broken bones, and I keep going back to him because he makes me well."

"I feel like he's been my doctor forever."

But in spite of their long relationship, Dr. Constine was still able to

surprise Paula.

"Dr. Constine took the necessary x-rays and MRIs and determined that my right hip needed to be replaced," remembers Paula, "but it wasn't going to be the same surgery I'd had before."

Advanced Orthopedic Center

- Kenneth D. Levy, MD
- Ronald M. Constine, MD
- Dale A. Greenberg, MD
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Small-incision approach

Dr. Constine told Paula he'd recently attended an international conference in Paris, where he'd learned about the Corail hip system, which may be used for small-incision, minimally invasive hip replacement.

"Traditional hip replacement surgery required an extensive incision, with significant trauma to the leg muscles, tendons, and ligaments," he explains. "Because of the size of the incision, it divided several important stabilizing muscles and tendons. This approach often precipitated a large loss of blood for the patient as well as significant rehabilitation time."

"Since 2003, however, we have been using an approach called the small-

Ronald M. Constine, MD, is certified by the American Board of Orthopedic Surgery. He completed his undergraduate studies summa cum laude from Harvard University and received his medical degree, from Stanford University School of Medicine. Dr. Constine completed his externship in trauma surgery at the University of California, San Francisco, and clerkships in neurology and psychiatry at the National Institute of Neurology and Maudsley Hospital, London. He went on to Vanderbilt University, Nashville, to complete his general surgery internship and to the University of Utah Medical Center for his orthopedic residency.

incision minimally invasive hip surgery, which uses a small incision. There are several advantages to this technique. There is less cutting of muscle, tendons, and ligaments, which greatly minimizes the disruption to the strong muscles of the leg and soft-tissue damage. Consequently, there is substantially less hospital time, less postoperative discomfort, and an expedited healing process."

The Corail Total Hip System from DePuy Orthopaedics has several advantages for hip replacement patients compared with other cementless systems.

"The Corail stem is a cementless implant with the longest track record of any that has been used throughout the world," notes Dr. Constine. "It was first released in 1986 and has been implanted in over a quarter of a million patients with a 98 percent success rate. It celebrated 20 years of success in 2006 and has international input on its results from every part of the globe."

The Corail system also has distinct advantages toward bone preservation, and that's important, says Dr. Constine. "The stem is designed to preserve existing bone while stimulating new bone formation around the implant. In the event that a patient should ever require a revision procedure at some time in the future, bone preservation makes further surgery easier. And of course, we know it has the longevity. There are no other

stems on the market that can claim a track record of more than 20 years."

Experience counts

Dr. Constine and his colleagues have a combined surgical experience of more than 75 years, a considerable amount of experience that enables them to provide patients with the most current, accurate information about joint replacement procedures.

"That's essential to our practice," he adds, "as articles in the press often contain incomplete information at best and statements that are downright misleading at worst. One recent such article contrasted surgical approaches to the hip — the anterior, or frontal, approach and the posterior, or back approach to the hip — suggesting that the anterior approach is a better method."

"In fact, the current standard of minimally invasive hip surgery by the overwhelming majority of surgeons throughout the world is the posterior approach, which we use. Surgeons have options on how to perform surgery, and we are performing the current standard, which has the same advantages as the anterior approach. There's no difference as far as the incision and length, muscle trauma, blood loss, postoperative pain, recovery time, or limb length equalization."

"We would never suggest that the anterior approach is inferior, but we would also never suggest it is more desirable than the posterior approach. We do what has a proven track record, and we feel that it's important to give our patients accurate information to allow them to make informed decisions. And in the end, experience counts."

No more pain

Paula was grateful she has an experienced surgeon like Dr. Constine in her corner.

"Four days after surgery I was walking down the hallway and met Dr. Constine," recalls Paula. "I asked him if I could go home. He asked me how I felt, and I said, *Well, I'm walking.*"

"Now, the doctor knows me, and he knows that when I go home, I will follow both his orders and the physical therapist's orders precisely. He gave me the okay, so four days after surgery I was out of the hospital."

"Of course, I had some good therapy before I was discharged. They taught me how to work around the kitchen and how to dress myself while I was healing. They even gave me some helpful rehabilitation tools to use for tasks like putting on my socks."

Paula gives Dr. Constine her highest rating.

"I have nothing but good things to say about Dr. Constine. He tells his patients up front what's going on and what to expect. He's very honest, and his staff is excellent."

"Now here I am, back to my normal lifestyle. I'm doing my own lawn, my housework, and all my normal activities."

"And best of all, I have no more pain."

FHCN—Michael J. Sabno and Kris Kline

Please give us a call

The staff of Advanced Orthopedic Center welcomes new patients and is happy to answer questions about joint replacement, joint revision, sports medicine, and surgery of the spine. To schedule an appointment, please call the office located at 1641 Tamiami Trail, Suite 1, in Port Charlotte at (941) 629-6262 or the office at 350 Mary St., Suite F, in Punta Gorda at (941) 639-6699.

When it comes to hip pain, it's crucial to consult a board-certified specialist.

"When a patient comes to us with hip pain, we take a complete medical history," says Dr. Constine. "We perform a thorough examination of the hip, back, and lower extremities and take x-rays to discover any evidence of arthritis. It is critical that we make the proper diagnosis, verifying that the pain is coming from the hip and is not referred pain from some other area such as the back."

"Osteoarthritis, or degenerative arthritis, is the most common cause for deterioration of joints," reflects Dr. Constine. "Through the aging process, the initially smooth cartilage in hip and knee joints can wear away, causing

pain and inflammation. Some patients even suffer a traumatic event where cartilage fractures and breaks."

Dr. Constine always takes a conservative approach to arthritis joint pain and may suggest

rest, medications, or pain-relieving injections, with surgery being a last resort.

"When conservative treatments don't resolve the problem, I ask the patient to tell me when the hip pain is affecting their lifestyle to the point where they are ready for surgery," notes Dr. Constine. "By that time, the cartilage may be completely worn away, leaving bone on bone. At that point we schedule their procedure."

CONSERVATIVE APPROACH IS BEST



For more information, visit www.advancedorthopediccenter.com.