

Health

Staying active with toe implant

By Terri Yablonsky Stat
SPECIAL TO THE TRIBUNE

Those who suffer from hallux rigidus, or degenerative arthritis of the big toe, have new reason to lace up their gym shoes. A new cartilage resurfacing implant may allow these patients to maintain their active lifestyle.

Hallux rigidus affects the large joint at the base of the big toe. While some joint wear and tear commonly occurs after age 30, doctors increasingly are seeing this type of arthritis in younger, more active patients, according to Dr. Howard Stone, a podiatrist with the North Shore Podiatry Group in Glenview, Lake Forest and Gurnee. Injury to the big toe joint also can cause arthritis.

People with arthritis of the big toe will have pain and stiffness while walking. Conservative treatments include wearing stiff-soled shoes or inserts. If those treatments don't work, options have included joint fusion or joint replacement. But both have drawbacks.

The new ArthroSurface HemiCAP system was approved by the FDA in 2006 for treatment of moderate and advanced arthritis of the big toe. The system replaces damaged cartilage with contoured implants precisely matched to the patient's anatomy using three-dimensional mapping technology. Matching the curvature of the cartilage allows for proper function of the big toe joint.

Because the implant preserves the joint, it allows for an active lifestyle. Independent studies show that after this outpatient procedure, patients experience reduced pain, rapid recovery and significant range of motion. The HemiCAP implant also is being used in the shoulder, hip and knee.

"This is the new wave of what's happening in orthopedics," said Dr. Howard Stone, a podiatrist with the North Shore Podiatry Group in Glenview, Lake Forest and Gurnee. "The implant is set into the same level of the remaining cartilage and acts as brand-new cartilage. You're not destroying the

joint but resurfacing the joint."

The procedure takes about 35 to 40 minutes for each foot, done a few months apart. It's done under twilight sedation, which falls between wakefulness and complete unconsciousness, and a local anesthetic. After the procedure, patients wear a removable cast for two weeks and then wear a gym shoe and begin physical therapy.

Stone cautions that it's important to choose the patient properly. "This is for people with a moderate amount of arthritis," he said. "If the joint is really destroyed, you can't do this." The implant should last around 20 years, about as long as an artificial joint, he said.

With joint fusion, surgeons remove the damaged joint between the two bones and allow the bones to grow together. Joint fusion eliminates arthritis pain, but it restricts movement of the big toe joint and limits the shoes that may be worn, especially for women. It's often used for older, less



Photo for the Tribune by David Banks

Dr. Howard Stone, a podiatrist, shows an X-ray of patient's foot. Stone points to an arthritic toe he hopes to fix with a new cartilage resurfacing implant.

active patients.

Joint replacement involves replacing the joint surface with plastic, metal or a silicone compound. This procedure may relieve the pain and preserve joint motion. But artificial joints made of silicone can cause tissue reactions. And because so much bone and cartilage is removed, any future surgery

is more difficult.

As for the new treatment, "Long-term studies will show how effective this implant will be in allowing a patient to walk and how long the implant itself will last," said Dr. Tayeb S. Hussain, a podiatrist with Evanston Podiatric Surgeons who has done a few procedures. "I'd give it at least a year

and a half until long-term studies are evaluated to know whether it's a standard procedure," he said. "I reserve it for people with any cartilage deterioration. Women can return to wearing heels within three to four weeks. It's best for patients who have cartilage deterioration under age 60 who still want to be active."

DISCOVERIES

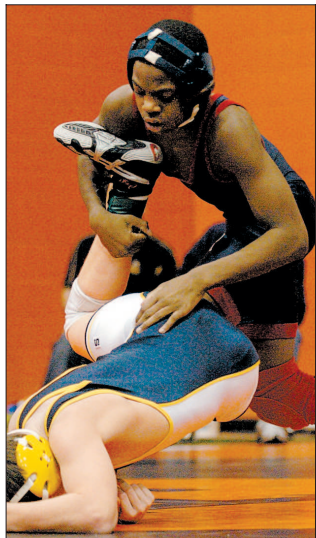
Children should wear sunglasses

Overexposure to the sun's ultraviolet rays has been linked to a number of eye problems, such as age-related cataracts, pterygium, photokeratitis and corneal degenerative changes, according to the American Optometric Association. Children are particularly susceptible because they tend to

spend more time outdoors than adults and the lenses of their eyes are more transparent, which means that more harmful light can reach the retina. The AOA recommends sunglasses that block 99 percent of UV-A and UV-B radiation and screen out 75 to 90 percent of visible light.

Young athletes' knees are at risk

Knee injuries are common among young athletes, accounting for 45 percent of high school sports-related surgeries, say researchers who analyzed data on nine sports at 100 United States high schools. The sports included were boys football, soccer, basketball, baseball and wrestling, and girls soccer, volleyball, basketball and softball. The study found that boys had a higher overall rate of knee injury, but girls' knee injuries were more severe.



HealthDay News / Newswise

Want to kick habit? Open your mailbox

Direct-mail advertisements can help smokers kick the habit, according to a new study. A postcard promoting a smoking cessation hot line and offering a free nicotine patch starter kit got a response from 1 to 4 percent of smokers who received it, said researchers with Roswell Park Cancer Institute in Buffalo. Direct mail can be part of a range of quitter recruitment plans, they said.

Sodium nitrite aids blood flow

Daily injections of sodium nitrite stimulated the growth of new blood vessels and restored blood flow to tissues damaged by simulated vascular disease in just three to seven days, a new U.S. study found. "At the dosages we used, sodium nitrite is safe and far below any toxicity threshold," said Christopher Kevil, an associate professor of pathology at Louisiana State University Health Science Center.

Challenging the bald facts of hair loss

By Shaun Bishop
THE PALO ALTO DAILY NEWS

PALO ALTO, Calif.—Redwood City, Calif., resident Matt Kelley has a hairless cat named Harry. For Halloween last year, Kelley dressed up as Michael Jordan, and the year before as Mr. Clean—both well-known bald figures.

It wasn't always like this. But then his life changed three years ago, when in the span of six weeks Kelley lost every hair on his body. Eyebrows, eyelashes, a full head of hair—all gone.

Kelley, 41, has alopecia areata, an autoimmune disorder in which the immune system attacks hair follicles, causing hair to fall out.

He has a sense of humor about it now, but the beginnings of the disease sent him into a deep depression.

Kelley's efforts to spread awareness of the disease reached the halls of Congress last month when Rep. Anna Eshoo (D-Calif.) introduced legislation so alopecia areata patients receiving Medicaid can be covered for prosthetic hair pieces.



Palo Alto Daily News photo by Victor Macchario

Matt Kelley, who lost every hair on his body, is an advocate for those afflicted with the disease alopecia areata.

The bipartisan bill would require Medicaid, the federal/state health program, to pay for one prosthetic hair piece a year for patients with the most severe forms of the disease. Rep. Heather Wilson (R-N.M.) is co-sponsoring the bill.

Proponents say those who scoff at paying for wigs for the non-life-threatening condition don't understand the psychological pain it causes.

"Having that hair prosthesis, it's the only thing they can have," said Lisa

Butler, vice president of communications for the National Alopecia Areata Foundation. "There is no cure. There is no treatment that works for everybody, and it's just giving them some normalcy again in their life."

An estimated 200,000 Americans have either alopecia areata universalis (loss of all body hair) or alopecia areata totalis (loss of all scalp hair).

Of those, about 5,000 are on Medicaid and would benefit from the legislation.

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Elizabeth Miniscalco, Yoplait Champion, manager of Swedish Covenant Hospital's cancer program, nurse and survivor.

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