



ORTHOPAEDIC
health group

HAPPY EASTER!

FROM MR JUSTIN LADE

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Thank you to all of our GP's, Physiotherapists & other Allied Health Professionals who have supported us over the past twelve months



Welcome to the first newsletter from us here at Orthopaedic Health Group. It is certainly a pleasure to be writing to you all bringing you up to date with the latest topics concerning orthopaedic patient care.

It was certainly a pleasure to meet some of you at our successful inaugural GP / Allied Health workshop held in November 2014 at The Riversdale Golf.

Details will be coming soon regarding another very exciting GP information sharing night that we are currently planning which will be a "hands on – practical session" involving suturing techniques / Plaster of Paris application and fracture management.

What's new in 2015

- AOA ASM Lorne 2015
- GP workshop sessions
- What's making the news in Orthopaedics
- What's the best approach for a total hip joint replacement
- Antibiotic prophylactic cover for patients following total joint replacements

What's currently making the news

According to the Medical Observer, (March '15) there is a push to have the Government re-instate the MBS code for joint injections. Currently, many patients have to be referred to Radiologist Houses for these injections and as a result, can be hundreds of dollars out of pocket. I offer these injections in my rooms at a significantly reduced cost to the patient.

www.medicalobserver.co.au/news/reinstate-item-number-for-joint-injections first accessed 23 March 2015)

We look forward to another great year working together with you, and our patients.

AOA ASM Lorne 2015

Another very topical subject at the moment is “*what is the best approach to a total hip joint replacement (THR)*”. This was discussed at length at the recent Australian Orthopaedic Association (AOA) Annual Scientific Meeting (ASM) held at Lorne in February 2015. It should be remembered that the best approach is the approach that best suits the patient and the one that the surgeon is most comfortable with. We only want our patients to undergo one operation.

Currently, there are four approaches in use for THR's. These include the:

- **Anterior** – which is being marketed as the “latest and greatest approach” as it is muscle sparing. However, it has the highest revision rate of 8% within the first year post surgery. There is no level one evidence to support this technique
- **Posterior** - provides the surgeon with an excellent approach enabling great exposure of the hip joint itself. It does however carry a slight risk of dislocation.
- **Antero-Lateral** – is from the side requiring the partial removal of the abductor tendons to allow access to the hip. It therefore requires the re-attachment of the tendons at the end of the procedure. Both gait abnormalities and pain are common complications.
- **Superpath** – is solely marketing driven and as presented at the AOA ASM a particular cohort had a 10% complication rate on the operating table during surgery.

Antibiotic Prophylactic cover for routine dental work in patients post Total Joint Replacement

I plan to present a personal case study at the Arthroplasty Society of Australia conference in May 2015 on the retrieval and revision surgery of a patient of mine. Mr B.T had his original total knee joint surgery in 2009 and an uneventful post operative course & successful rehabilitation until 2013 when he presented to Valley Private Hospital ED with 2 weeks of pain and swelling. An Arthroscopic debridement was performed and biopsy's taken grew Strep Viridans. Upon closer questioning it was discovered that Mr B. T had 2 weeks prior to his ED presentation attended the Dentist for a routine dental clean. As a result of this, I am now considering that all of my patient's need to have prophylactic AB cover for life – why????

- No health organisation can agree on a protocol position
- There is undeniable evidence that bacteremia is associated with dental procedures even simple teeth cleaning
- Amoxil is a very simple drug that no Superbugs have developed from and based on 2% infection rate vs. AB resistance this protection is warranted. However, care must be taken to avoid sensitivity reactions.

In my opinion the AB cover protection outweighs the potential risks for revision surgery as no-one wants their patients to undergo another lengthy and often complicated surgical procedure which can require the patient to prolonged periods of Antibiotics if an infection develops.

Website

We are currently in the process of finalising the development of our website and it will “*go live*” very soon. The website will include information such as the referral process and other important patient handouts. We will keep you updated on when the new website is available.

