



FOR IMMEDIATE RELEASE – March 30, 2004

AVAILABLE FOR INTERVIEWS:

- Brad Penenberg, M.D., Co-Director of the Cedars-Sinai Institute for Joint Replacement
- Sherman Spiegel, patient

**NEW HIGH-TECH HIP REPLACEMENT TECHNIQUE OFFERED AT CEDARS-SINAI
REDUCES ORDEAL OF SURGERY AND RECOVERY TIME**

LOS ANGELES, March 30, 2004 – When Sherman Spiegel found out he had to have hip replacement surgery late last year, he was worried. He had already experienced enough pain from his osteoarthritis – a degenerative joint disease that he had been diagnosed with several years earlier. But when he started having trouble getting around because of severe pain in his right hip, his doctor took some x-rays that showed that the cartilage in his hip joint had worn away.

With hip replacement surgery now his only option, Sherman just wasn't ready, fearing that the operation would ultimately cause more pain than he was already experiencing. But when he couldn't climb a hill without assistance while vacationing in San Francisco, he knew he had to do something. As fate would have it, his wife showed him an article she was reading about a new hip replacement surgery with a very short recovery time. After research on the internet, he was soon scheduled for surgery with Dr. Brad Penenberg, an orthopedic surgeon and Co-Director of the Cedars-Sinai Institute for Joint Replacement.

“I was truly amazed at how little pain I had after surgery. The day after, I was able to walk with a walker, and the next day after that I was using a cane. After the third day, I needed no support,” said Sherman. “Six weeks after surgery I traveled to Florida for a conference, and now that it's been about three months, I'm almost completely back to normal.”

The new procedure, called the MIS 2-Incision Hip Replacement, involves the use of two small incisions, 1 ½ to 2 inches long – one over the buttock and the other in the groin. With two incisions, surgeons have the advantage of being able to optimize access to both the socket and the femur with minimal soft tissue trauma and no cutting of the tendon. The small incisions enable the surgeon to see the hip joint from two different angles and maneuver smaller instruments within the small spaces.

“Using tiny fiber-optic lights to guide us and very small surgical instruments, we can place the ball and socket joint prosthetics very precisely, navigating between muscles, tendons, and ligaments rather than cutting

through soft tissue,” said Dr. Penenberg. “This means that patients experience less pain after surgery. And because the surgery eliminates the amount of cutting we have to do to replace the hip joint, patients not only recover more quickly, but they’re usually out of the hospital in a couple of days and spend less time undergoing rehabilitation therapy. In fact, many people are back to work within a couple of weeks.”

But with traditional hip replacement, surgeons cut a six to 12-inch incision along the thigh, cutting through the muscle and tendon, to reach the hip joint. “The incision alone can cause enough bleeding to require a blood transfusion, which rarely occurs with the new technique,” said Dr. Penenberg.

In addition, surgeons performing traditional hip replacement must dislocate the hip by pulling the leg into an extreme position, which causes additional soft tissue trauma. The rounded head of the thigh-bone, or femur is then cut off, and the arthritic bone is removed from the socket. The ball and socket are then replaced by two prosthetic devices, which are tightly fitted into the bone of the femur and the pelvis. After traditional surgery, patients typically remain in the hospital from four to six days, use a walker or crutches for two to six weeks, and must restrict many of their activities for several months, with a full recovery typically taking anywhere from six months to a year.

According to the American Association of Orthopedic Surgeons, more than 168,000 hip replacements are performed each year. Of these, osteoarthritis accounts for the majority of patients needing a hip replacement operation. The condition, affecting about 30 million Americans, occurs when cartilage on the end of bone begins wearing away, causing pain and stiffness. But when the cartilage wears away completely, the bones rub directly against each other and hip replacement is needed. Other degenerative hip diseases leading to the need for hip replacement surgery include avascular necrosis, a condition where the head of the femur loses some of its blood supply and actually dies. Hip fractures as well as some types of hip conditions that appear in childhood can also lead to degeneration many years after an injury and require the need for hip replacement surgery.

Although the new hip replacement procedure represents a major advance in minimally invasive surgery, it is not recommended for patients who are obese, have osteoporosis, or who have severe bone deformities. Further, the procedure is complex, requiring surgeons to undergo special training and takes time for them to learn. Currently, Cedars-Sinai Medical Center is one of a handful of centers in California, performing the procedure.

“This surgery definitely offers an exciting option for many patients requiring hip replacement, particularly young, active working people for whom it would be costly to take time off from work,” said Dr. Penenberg. “It’s very rewarding to see it helping so many patients.”

Cedars-Sinai Medical Center is one of the largest non-profit academic medical centers in the Western United States. For the fifth straight two-year period, Cedars-Sinai has been named Southern California’s gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthrough in biomedical research and superlative medical education. The Medical Center ranks among the top 10 non-university hospitals in the nation for its research activities.

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