

Spinal Implant Helps Uniontown Father Get Back in the Game



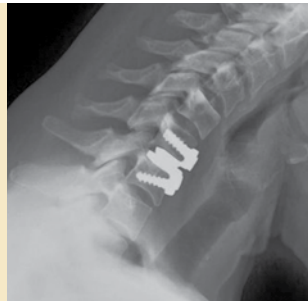
■ Aultman Hospital Neurosurgeon Jean-Claude Tabet, M.D., consults with patient Jeff Brink after his surgery to replace a cervical disc that was pinching his spinal cord.

While doing what he loves most – being an active father of three – 43-year-old Jeff Brink started to become alarmed with the constant discomfort in his right shoulder. He thought it could be a sport-related injury, such as a torn rotator cuff or a pinched nerve, from coaching kids' baseball and basketball teams through the years.

But after many visits to a doctor and chiropractor, an MRI showed that a disc in his neck was pushing on the spinal cord and nerve root, which would require a spinal fusion to correct.

"A spinal fusion is a common treatment – more than 200,000 each year in the United States – to relieve back, neck and arm pain associated with degenerative disc disease (DDD) or symptomatic cervical disc disease (SCDD), but it limits motion," said Jean-Claude Tabet, M.D., a neurosurgeon at Aultman Hospital who does about 100 fusion cases each year and numerous replacements.

"As an alternative to spinal fusion surgery, Mr. Brink was my first cervical total disc replacement patient. He has been pain-free since the surgery in 2008 and has full motion in his spine."



CERVICAL DISC REPLACEMENT

- An alternative to spinal fusion surgery
- Treatment of degenerative disc disease (DDD) and symptomatic cervical disc disease (SCDD)
- A prosthesis replaces the diseased or damaged disc to relieve pain and preserve motion in the spine.

Currently, few patients are candidates for replacement surgery, according to Tabet, but as technology continues to evolve he believes more patients will be good candidates.

Looking back at his diagnosis, Brink is still surprised what the issue was. "I had physical limitations because the spinal cord was being pinched by a disc

in my neck," he said.

The condition caused numbness and weakness in his arms and upper body. "It was difficult to coach without experiencing pain, but I wasn't in as much pain as they thought I should have been," said the Uniontown resident.

"I guess I'm fortunate that my spinal canal is larger than normal and the disc bulge had some room to live."

As his children get older, the opportunity to coach them was diminishing, so his health became very important. "My oldest son will be a freshman next year, so this was my last season with his team."

Brink says coaching makes him feel complete. "Being pain-free allows me to give the team my all – just like I want the kids to do." Also, since the surgery in 2008, Brink has taken up running and has completed a few marathons. "I feel great all of the time. The disc replacement worked well for me."

He has been so pleased, he is sure to tell others about his experience when they complain of similar pain. "I suggest they take it seriously and get a proper evaluation from an orthopaedic physician or neurosurgeon."

NEUROSURGEONS OFFER SPINE CARE, TOO

Patients are usually happy to hear that surgery is not necessarily the first option when treating conditions and injuries to the cervical and lumbar spine, according to Dr. Jean-Claude Tabet who says physical therapy and pain management are very successful for many people.

Tabet is one of three neurosurgeons at Aultman Hospital who cares for hundreds of patients each year with disorders that affect any portion of the nervous system including the brain, spinal column, spinal cord and peripheral nerves.

"Many people don't typically think of going to a neurosurgeon for their back and neck pain but, in fact, treating the cervical and lumbar spine is about three-fourths of our cases," Tabet said. "Our surgical subspecialty is very rewarding."

What especially keeps him going are the cards, letters and small tokens of appreciation from patients and their family members.

"More than 20 years ago a patient gave me a birdhouse that he made – I still have it."

According to Tabet, the patient had terminal cancer and needed an operation but didn't have any money or insurance. As a carpenter, the birdhouse was his way of showing appreciation. "His days were short, so he made it quickly. These simple gestures are very special to me."

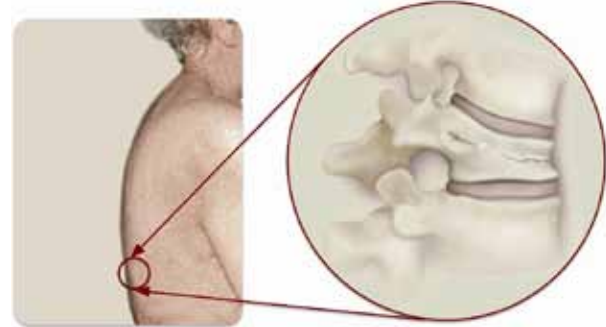
Tabet and his colleagues Drs. Mark Weiner and Phillip Immesoete are well-trained surgeons with fellowships at excellent facilities: Tabet trained at the Cleveland Clinic Foundation (1986); Weiner trained at Mayo Clinic (1995); and Immesoete trained at Ohio State University Hospital (2007).

FREE HEALTH TALK

Neurosurgeon Phillip Immesoete, M.D., will discuss lumbar spinal stenosis (LSS) on Wednesday, July 27, 7-8:30 p.m., at Canton Regency retirement community at 4515 22nd St. N.W. in Canton. The talk is part of Aultman's Health Talk speaker series.

LSS is a narrowing spinal canal that squeezes nerves and the spinal cord, causing pain and other symptoms. Learn diagnosis and treatment options to alleviate pain. Seating is limited, and registration is required.

Call 330-363-TALK (8255).



Minimally Invasive Treatment Available for Osteoporosis-related Spinal Fractures

Each year 700,000 Americans suffer from spinal fractures due to osteoporosis, according to the National Osteoporosis Foundation. Unfortunately, more than 400,000 of these fractures (57 percent) go undiagnosed and untreated due in part to lack of awareness about osteoporosis and available treatment options.



Seven physicians, including Orthopaedic Surgeon Dr. Mark Coggin, are trained to offer a minimally invasive treatment option at Aultman Hospital called balloon kyphoplasty for patients suffering from spinal fractures caused by osteoporosis and tumors.

The consequences of untreated fractures can be devastating because once a patient suffers one vertebral compression fracture, the risk of suffering a second fracture increases five-fold, according to Coggin.

"Although it's not emergent, the fracture should be treated in 4-6 weeks or sooner. Left unattended, many fractures can result in an exaggerated rounded curvature of the spine, called kyphosis or dowager's hump.

"It's painful and debilitating – making walking, eating, sleeping and even breathing painful and difficult. If it's been too long or if the fracture is too collapsed, the procedure can't be done, so we can only address the symptoms not the fracture," explains Coggin.

Balloon kyphoplasty has been performed in the United States for about 10 years and since 2004 at Aultman to repair these fractures and restore the vertebrae to the correct position.

Aultman is a leading provider in Northeast Ohio, and about 1,400 patients at Aultman have experienced the following benefits:

- Reduced back pain and dependence on narcotics
- Reduced number of days in bed
- Significantly improved mobility
- Increased overall quality of life

THE PROCEDURE

"It typically takes about one hour per fracture, and we can do up to four levels, if needed, in one session," said Coggin, who has performed more than 420 balloon kyphoplasty cases at Aultman.

During the procedure, a small, orthopaedic balloon is guided through a tube into the vertebra. It is carefully inflated in an attempt to raise the collapsed vertebra and return it to its normal position.

"Inflation of the balloon creates a void (cavity) in the vertebral body. Once the vertebra is in the correct position, the balloon is deflated and removed," Coggin described. "The cavity is filled with bone cement forming an 'internal cast' to support the surrounding bone and prevent further collapse."

Advancements in balloon and bone cement technology have also created additional patient safety benefits.

If you are in pain and have experienced a loss in height or spinal deformity, Coggin suggests quickly seeing your family doctor for further evaluation, which may include an X-ray, a bone scan or an MRI. For more information about osteoporosis and spinal fractures, visit the National Osteoporosis Foundation's website at www.nof.org.

STAGGERING STATISTICS

According to the International Osteoporosis Foundation:

- Osteoporosis-related spinal fractures are more frequent than hip fractures.
- 1 in 2 women and 1 in 4 men age 50 and older in the United States will have an osteoporosis-related fracture in their lifetime.
- Bone loss potentially begins in women as early as age 25.

OSTEOPOROSIS PREVENTION

A calcium-rich diet is only one part of an osteoporosis prevention or treatment program. Like exercise, getting enough calcium is a strategy that helps strengthen bones at any age. But these approaches may not be enough to stop bone loss caused by lifestyle, medications or menopause. It is important to speak to your doctor to determine the need for an osteoporosis medication in addition to diet and exercise.



Kyphoplasty Mends Spinal Fracture

Just three weeks after suffering a compressed fracture of the spine when she passed out and fell, 86-year-old Violet Kolich found pain relief when Dr. Mark Coggin performed balloon kyphoplasty in January.

"I'd never heard of the procedure before this, but it worked great," said the Perry Township resident, who has osteopenia, which is a pre-osteoporosis condition. "I was in a lot of pain that severely limited my daily activities, and I was taking a lot of ibuprofen."

Since the fracture, Kolich has been taking medication and undergoing treatment to help prevent osteoporosis from developing.

She is no stranger to back injuries, which she has endured for 30-40 years due to degenerative spinal stenosis as well as sciatic nerve pain in her lower back.

"I'm very pleased the doctor could treat the new fracture to keep my pain at a tolerable level," she said. "I still can't lift my grandkids or great-grandkids, but I can enjoy other activities."

She enjoys walking on a treadmill when she can, as well as oil painting, playing the piano and reading, as her newly diagnosed macular degeneration condition allows her to.

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ORTHOPAEDICS

Shoulder Injuries Don't Hold Back Malvern Man

Ray Carpenter injured his right shoulder when he fell from a rooftop during work. Although it was a little painful, it really didn't warrant going to the doctor through the years, he thought. Little did he know that injury and scar tissue would impact his medical care 30 years later.

In December, while the 83-year-old was alone in Florida, he fell on the same shoulder. This time he was in agonizing pain. "I knew it was bad, very bad," he said.

A trip to the ER there proved the shoulder was out of socket and the rotator cuff tore in two places. So he wore a sling and did very little until he could fly home to see Dr. Gerald Klimo, as a friend recommended.

An MRI clearly showed the old and new rotator cuff injuries, which eliminated the option for a traditional shoulder replacement.

"I would have been worthless without a new shoulder," he said. "I was in so much pain and had basically no use of my arm."

As luck would have it, Klimo also had the unique ability to perform a reverse shoulder replacement to help uncommon injuries like Carpenter's.

"Everything Dr. Klimo told me about the surgery is true. I'm amazed at my quick recovery. My shoulder is the best it has been in more than 30 years."

In fact, with some assistance Carpenter could lift his arm all the way up with little pain even the day after surgery. And after just about one month of physical therapy, he regained about 85 percent of his motion back.

Carpenter's daughter Sandy Jones is so pleased with her dad's recovery. "That fall really did him. He has always been very independent and likes to help others using his carpenter skills for family and friends' home repairs. The surgery made it a happy ending!" she said.

The Malvern resident is proud he can still ride a motor trike as well as play the organ at church and for residents at about seven area nursing homes. He's particularly impressed that he's able to manage the bike's hand throttle, which is on the right side, and play "concerts" that are about an hour.

"I'm just so happy to be alive. I can flip pancakes and cook eggs," he joked. "I never have problems with my shoulder, other than some minor stiffness when I don't do my exercises at home."



Ray Carpenter enjoys a pain-free life after a reverse shoulder arthroplasty at Aultman.

New Surgery Helps Rotator Cuff Sufferers



There is hope if you are experiencing unrelenting pain from a rotator cuff tear, according to Dr. Gerald Klimo, and you have been told it can't be surgically repaired.

"It's a devastating condition that seriously compromises the comfort and function of the shoulder," said Klimo who has been offering a state-of-the-art procedure since 2007 at Aultman Hospital called reverse shoulder arthroplasty. It's a procedure that many don't know about.

"I see the pain and tears on their faces before surgery. They have difficulty lifting their arm and have pain 24 hours a day," said the orthopaedic surgeon who specializes in hand and upper extremities with a special focus on shoulders.

He is one of a few surgeons in the region who is trained to do the procedure with a unique prosthesis. The ball and socket are "reversed" or switched compared to a standard shoulder prosthesis that is used when the rotator cuff tendons are still intact.

According to Klimo, the reverse shoulder prosthesis provides a fixed fulcrum (or pivot) for the shoulder joint, allowing the arm to be raised overhead even when the rotator cuff muscles are damaged beyond repair.

"Physical therapy is an important part of recovery and starts the first day," Klimo said. "Patients are so relieved and happy that they have minimal pain and have regained 70-80 percent of their range of motion around eight weeks after their surgery."

In addition to helping people become pain-free, Klimo is passionate about training and educating other surgeons to perform this very technical procedure. To do so, he has traveled to Spain, Brazil and throughout the United States to lecture at conferences, instruct on cadavers and perform live video-conference surgery. Klimo has also been instrumental in developing new surgical instruments to simplify the procedure.

"I enjoy teaching surgeons the reverse shoulder arthroplasty technique because I know that exponentially more patients will be helped as additional surgeons are trained. Physicians have come to Aultman to learn from me," he said.

About 65 percent of Klimo's patient care is for shoulders, and he's in the top 5 percent in the nation for volume of shoulder replacement surgeries.

ACCIDENT TAKES INDEPENDENCE PERSEVERANCE REGAINS STRENGTH

Almost a year has passed since a fun family gathering to play games turned sour for the Blythe family.

"We have always been a very competitive family. Sometimes even having physical challenges – who could run the fastest or jump the highest," said Cheryl Blythe, a 35-year-old Perry resident who is a kid at heart. "Not anymore though, we stick to board games. We are more aware of someone getting hurt. You never know when something is going to happen."

She, her siblings and her 7-year-old niece were having a high-kick competition. As she "won" the contest, Blythe kicked her own leg out from under herself. Her wrists caught the fall. "It sounded like tree branches cracking. Everyone knew something was wrong," she said.

A life of independence was changed that moment for the outdoor enthusiast who lives alone. Both wrists were fractured and sustained ligament damage. She knew it would change her life for a while but would not stop her from what she loves.

The left wrist fracture was much worse than the right. Orthopaedic Hand and Upper Extremity Surgeon Ajay Seth, M.D., used a titanium plate and screws to put it back together.

"Now, we just splint the wrist five days after surgery rather than putting on a plaster cast for six weeks. Patients like Cheryl can begin therapy much sooner, so they experience a faster recovery and better overall range of motion," Seth said.

He expects her recovery to take about two years due to the severity of the injuries.

"Dr. Seth is very encouraging and positive. I'm a determined person, so he had to always remind me to give the injury plenty of time to heal and not to go back to work too soon," she said.

It has been a long road of therapy consisting of three to five sessions per week to regain her strength and grip, and she still has a ways to go. "I see improvements every day, but I really thought once the plaster cast came off that I would be fine – like I was after a broken foot."

"PATIENTS LIKE CHERYL CAN BEGIN THERAPY MUCH SOONER, SO THEY EXPERIENCE A FASTER RECOVERY AND BETTER OVERALL RANGE OF MOTION."

— AJAY SETH, M.D.



Less than a year after breaking both of her wrists, Cheryl Blythe was determined to backpack a 35-mile trek of the Appalachian Trail with friends along the North Carolina and Tennessee line. Here she stands at the summit of Big Bald Mountain. Although she needed help hoisting the 43-pound pack on her back, Blythe was thrilled to join her friends on their annual adventure.

Without the use of either hand, she needed constant assistance to do basic tasks for months – bathing, dressing, eating, shopping, driving, pumping gas and laundry – which is hard for anyone who loses his independence, according to Blythe.

"Everyone has been so helpful. I didn't want to wear out using my family and friends. Once I regained some strength, I got creative to earn my independence back," she said.

That meant 10 trips up and down the basement steps with a few items of laundry rather than a basket or bringing groceries in item by item rather than in bags. "I don't really shop in bulk anymore, and I take a helper when I buy heavy items like bags of salt or cat litter."

An injury or disability really makes you look at your surroundings, Blythe said. "The placement of dishes and

the weight of the cookware, for example; I still have trouble holding a glass or stoneware dish with food on it."

Blythe works on a computer and types almost all day, which has been a challenge despite taking more than three months off of work. To write, she sometimes still gets out the "monster" pen that is about 2 inches in diameter so she does not have to grip her pen so tightly.

"Now I can empathize with what the Aultman Woodlawn patients experience with regard to daily physical challenges," said the financial coordinator for the post-acute care facility. "My colleagues who work in therapy were creative and designed a wrist cuff to hold utensils so I could regain back some independence with eating."

Common Hand, Elbow Injuries Affect All Ages



Sports-related injuries, traumatic injuries and overuse syndromes are all very common in the office of Orthopaedic Surgeon Dr. Ajay Seth, who specializes in hand and upper extremities

Foremost, he is worried about adolescent baseball players who pitch more than fastballs before ages 14-16. "It's very common, and people don't realize that their elbows are not fully developed at the little league age.

"I see eight kids right now who

are experiencing painful inflammation in the inner elbow and need rehab; two others have torn tendons that need surgery. It may be career ending," he said.

As a parent, he encourages others to carefully monitor their children's

athletics with repetitive motions – especially when a child focuses on a single sport year-round.

Carpal tunnel and arthritis are very common for adults and senior citizens. Any repetitive action – which is called overuse syndrome – can cause pain, inflammation and arthritis in a joint, especially in the thumb, said Seth. The surgeon sees a new patient every day with thumb arthritis.

"The thumb is a very active joint. The ligaments wear out with age, and it becomes bone on bone," he said. Treatment includes splinting and injections then possibly surgery to remove a small wrist bone and stabilization with a tendon. "This provides excellent pain relief."

Lastly, seasonal traumatic injuries are common such as falls, table saw and snow-blower accidents with men, as well as severed tendons from kitchen knives.

FREE HEALTH TALK

Join Dr. Seth on Thursday, July 21, 6-7:30 p.m., at Aultman West, to learn symptoms and treatment options for carpal tunnel, rotator cuff tears, sports injuries, fractures, tendonitis and more. The presentation is in conjunction with Aultman's Health Talk speaker series. Seating is limited, and registration is required. Call 330-363-TALK (8255).

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Orthopaedics

Many orthopaedic problems need more than one medical service. You may require emergency room treatment, medical treatment, surgery, therapy, medical equipment for the home or intense on-site rehabilitation.



Heart

Aultman Hospital has been named one of the nation's 50 Top Cardiovascular Hospitals by Thomson Reuters for 2011. At the Aultman Heart Center, prevention is a priority. Our education and risk factor identification programs can help you keep your heart healthy.



Cancer

The Aultman Cancer Center is a fusion of ideas, technology, talent and compassion. The physicians associated with Aultman Cancer Center evaluate and design individual patient treatment plans based on the type, stage and aggressiveness of the patient's disease.



Neurosurgery/Stroke

Trauma or illness involving the brain, spinal cord or nervous system can be a frightening experience for a patient and loved ones. Take comfort in knowing you are in the hands of some of the region's most skilled neurological experts, neurosurgeons and stroke specialists.



Women/Children

Together with our patients, the Aultman Birth Center is promoting and uniting families for life. We take a team approach to providing the best care for you and your baby — under one roof.



Emergency/Trauma

Aultman's Emergency/Trauma Center, staffed by board-certified physicians, is designed to allow the fastest access possible to the latest in emergency-care technology.



Critical Care Medicine

Going to an intensive care unit (ICU) can be a very emotional experience. Aultman patients receive specialized care from our Intensivist Program and our dedicated group of critical care nurses, critical care pharmacists, respiratory therapists and intensivists.

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