

## Quick Surgery Repairs

### OSTEOPOROSIS-RELATED FRACTURES



YOU DO NOT WANT TO HEAR THE WORD “porous” when you talk to your doctor about bone health because that means he or she is referring to osteoporosis. This very common disease, characterized by low bone mass, leads to weakened, easily broken bones.

#### Common Fractures

According to the National Osteoporosis Foundation, one in two women and one in four men older than 50 will experience, in their lifetimes, an osteoporosis-related fracture—many of which will occur in the spine.

These vertebral compression fractures (VCFs) can cause severe back pain and, left untreated, often lead to multiple fractures, which can cause a forward curvature of the upper spine.

This condition can cause many serious health concerns, including sleeping problems and difficulty breathing. Although some VCFs can be treated with bed rest, bracing, and medications, these conservative therapies may have potential complications for patients with osteoporosis and VCFs. These complications can include:

- Decline in bone density by approximately 2 percent per week
- Decline in muscle strength by 10 to 15 percent per week
- Increased risk of deep vein thrombosis and pulmonary embolisms (blood clots)
- Increased risk of pressure sores/bed sores
- Harmful effects from narcotic use

#### Surgical Repair

Fortunately, a minimally invasive surgical procedure, called kyphoplasty, can repair spinal fractures caused by osteoporosis, cancer, or benign lesions. During this 30-minute procedure, typically performed on an outpatient basis, the surgeon makes a tiny incision to create a pathway into the fractured bone. Next, a balloon is inserted to return the fractured vertebra to its correct position. Finally, the balloon is removed and the cavity is filled with a special cement to hold the vertebra in place.

After a short recovery period, most patients can expect a significant reduction in pain, improved quality of life, and greater mobility after kyphoplasty. Don't put off treatment; talk with your doctor right away.



#### about the doctor

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## Tendonitis and Torn Tendons: How We Fix Them

DID YOU KNOW THE ACHILLES TENDON IS one of the longest tendons in your body? It starts at the calf muscle and ends at the top of the heel bone. This tendon allows for maximum strength during walking or running. Like all other tendons of the body, the Achilles tendon has a limited blood supply, and is therefore susceptible to repeat injuries that cause tendonitis.

Traumatic conditions or injuries can result in the development of a partial or complete tear of the tendon. The cause of injury is usually forceful running or jumping, where a pop is usually felt or heard.

With partial tears you may notice pain, swelling, tenderness in the tendon area, and stiffness with activity, but most are able to place full weight on the leg.

If you have an acute rupture, you could experience symptoms like pain and weakness with any activity, including walking. The leg may be so weak that no weight can be placed on the ankle due to loss of strength.

Most tendonitis and partial tears of the Achilles tendon can be treated with rest, ice, stretching, and anti-inflammatory medication. Occasionally, physical therapy may be prescribed to help heal the injury with specific stretching and strengthening exercises. Injuries that are more resistant to common treatments may need injections of platelet rich plasma (PRP) or bone marrow concentrate (BMC).

If you have a complete rupture, it will likely require casting or surgical repair at a surgical facility such as USMD. The goal of surgery is to join



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the tendon so that a new connection can form. PRP or BMC may also be injected after surgery to help begin the healing process. After surgery to repair the Achilles tendon, you can expect a required period of casting and not bearing any weight on your leg, followed by a period of progressive weight-bearing on the leg and extensive rehabilitation.

Your best chance to prevent a complete rupture is proper stretching before your activities. It is also recommended that you slowly increase the intensity of your exercise regimen.

# Happy Nose, Happy Home

IS YOUR NOSE HAPPY? ALLERGENS AND nonallergic irritants can cause sneezing, nasal discharge, and nasal congestion and obstruction. They can also increase the risk of getting viral infections, which can lead to acute sinusitis. These are signs that your nose is not happy.

## When Symptoms Mean More

Sometimes the nasal problem can be more subtle. Symptoms may include nonrestful sleep, morning fatigue, headache, ear fullness or pain, and facial pain or pressure. Over time, increasing nighttime nasal obstruction can lead to snoring and possibly sleep apnea, which should be treated as early as possible.

## When It's Time for Relief

If you have an unhappy nose, topical nasal steroids and antihistamine sprays can be helpful in reducing inflammation from allergies and nonallergic irritants. Over-the-counter antihistamine tablets, saline irrigations, and decongestant medications also can be helpful for allergy sufferers.

If you are unsure what is causing your symptoms, allergy testing may be a good option. If allergies are the cause, your doctor might suggest allergy shots or drops. Immunotherapy is another possibility your doctor may discuss with you. This treatment can alter your immune system so that it is less reactive to allergies in the future.

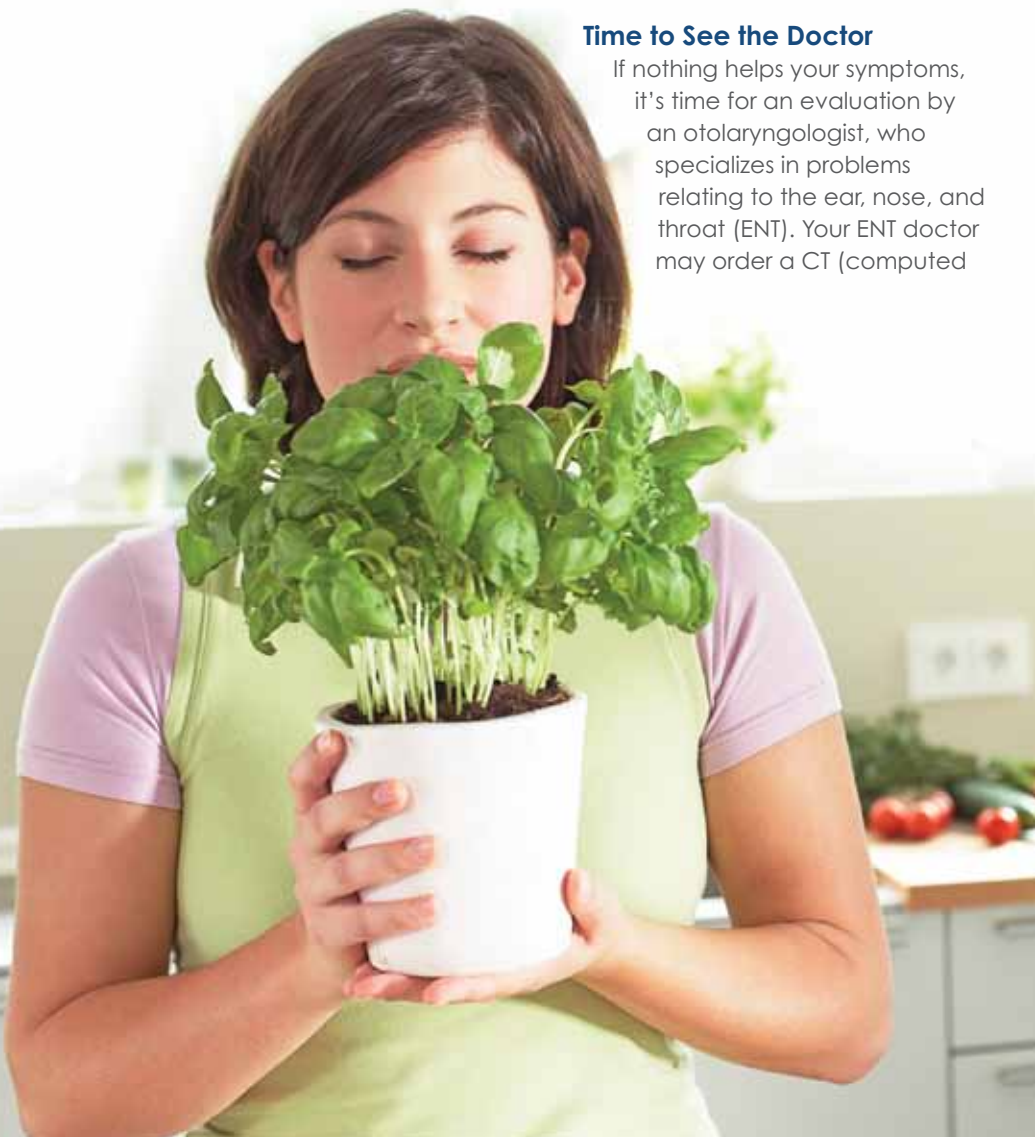
## Time to See the Doctor

If nothing helps your symptoms, it's time for an evaluation by an otolaryngologist, who specializes in problems relating to the ear, nose, and throat (ENT). Your ENT doctor may order a CT (computed

tomography) scan to evaluate the nasal and sinus areas. The doctor will look for the cause of your nasal congestion or obstruction.

Addressing the congestion directly in chronic sinusitis and recurrent sinus infections is necessary to improve your nasal symptoms. If your sinusitis doesn't respond to medication and treatments such as a nasal saline rinse, like a neti pot, your doctor may discuss surgery or an in-office procedure called a balloon sinuplasty or balloon sinus dilation. If a deviated septum is contributing to your nasal obstruction, then surgery also may be necessary. If your doctor finds enlarged turbinates in the CT scan, which can also cause nasal obstruction, a reduction procedure may be performed in the office.

Here's a little advice: "A nasal steroid spray a day keeps the doctor away," and "happy nose, happy home." If your nose isn't happy, make an appointment and talk with your doctor right away. Let's make sure your nose is a happy nose.



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# Tiny Camera, Small Incisions, Big Benefits: Shoulder Arthroscopy

IF YOU HAVE A SHOULDER CONDITION, shoulder arthroscopy might be the right treatment for you. Shoulder arthroscopy has been performed for decades and has made the treatment of shoulder problems safer, easier, and less invasive than ever.

You might be a candidate for shoulder arthroscopy if you have shoulder problems that persist despite nonsurgical treatment, including rest, physical therapy, and medicine and injections to reduce inflammation.

## What It Repairs

Shoulder arthroscopy is used by surgeons to diagnose and repair problems in the shoulder joint. Some shoulder conditions that can be repaired with this procedure include:

- Torn ligaments—ligaments help stabilize the shoulder
- Shoulder instability—when your shoulder partly or fully dislocates
- Torn rotator cuff—a tear in the muscles or tendons that lift and rotate your shoulder
- Inflammation or damaged lining of the joint—often caused by repetitive use or illnesses such as rheumatoid arthritis
- Shoulder impingement syndrome—when the rotator cuff impinges on the shoulder



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## About the Procedure

In traditional open surgery, large incisions are made to completely expose the joint. The alternative is arthroscopy, which uses small incisions to access your shoulder joint. Smaller incisions generally mean less pain, fewer complications, shorter hospital stays, and faster recovery.

During the procedure, you may receive a regional nerve block to numb your arm and shoulder, as well as general anesthesia. Your surgeon then makes two to three incisions in your shoulder, about the size of buttonholes. Through the incision, the surgeon inserts a small camera—about the width of a pencil—that is connected to a video monitor in the operating room. This allows the surgeon to see the inside of your shoulder.

If your shoulder needs to be repaired, your surgeon may insert other small instruments through these incisions in your shoulder.

After surgery, the incisions will be closed with stitches and covered with bandages. The procedure can be done as outpatient surgery.

Recovery varies depending on the extent of what is done. Most people need physical therapy as part of their recovery, prescribed by their surgeons.



# Getting to the Bottom of Kidney Stones

KIDNEY STONES ARE ONE OF THE MOST common disorders of the urinary tract. They also can be the source of significant pain.

The National Institute of Diabetes and Digestive and Kidney Diseases estimates that about a million people in the U.S. are treated for kidney stones each year. How do you know if you are one of them?

While each person may experience symptoms differently, these are some of the more common ones:

- Extreme, sharp pain in the back or side that will not go away. Changing positions does not help. The pain can come and go.
- Blood in the urine
- Nausea and vomiting
- Frequent urination
- A burning feeling when you urinate
- Fever and chills if there is an associated urinary tract infection

The diagnosis of a kidney stone can be made using a variety of X-ray tests, but

a CT (computed tomography) scan is most commonly used.

## Getting Treatment

Fortunately, the vast majority of kidney stones can pass out of the body without surgery. There are medications that can help move kidney stones along. Pain medications are often prescribed and your doctor will likely recommend drinking more water as well.

If the stones do not pass on their own or if there are complications, kidney stones may be treated with other techniques. Your doctor will discuss which option is best for you.

## Preventing Kidney Stones

To reduce your risk for developing kidney stones, try these tips:

- Keep yourself well-hydrated.
- Keep your caffeine intake moderate.
- Limit your daily intake of salt and meat.

## Did You Know?

- Although kidney stones occur more frequently in men, they are becoming more common in women.
- Kidney stones mostly strike people between ages 20 and 40.
- Kidney stones can be linked to obesity.
- Once a person develops a stone, he or she is more likely to develop additional stones.



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## HEALTH pulse

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