

Could Your Aching Neck Signal

SOMETHING SERIOUS?



WHAT A PAIN IN THE NECK! FOR MANY people, that's more than just a cliché—it's a bone-crunching daily misery. Neck pain is one of the most common reasons to visit a doctor. Unfortunately, one of its common causes is something you can't do much about: aging.

Degeneration of the spine is a normal consequence of growing older. In fact, aging is a risk factor for many of the degenerative disorders that can cause neck pain, including osteoarthritis, spinal stenosis, and cervical spondylosis.

Those are big words to describe small changes in the spine that get worse over time. All of these conditions can put pressure on the spinal cord. The result—chronic pain, which left untreated, can severely impact daily life.

Symptoms that may signal a degenerative spinal disorder include:

- Neck pain that worsens when you bend or turn your neck or when you cough, sneeze, or laugh
- Pain, weakness, numbness, or tingling in shoulders, arms, hands, or legs
- Difficulty in using fingers for precise tasks such as writing, fastening buttons, or opening cans
- Legs that feel stiff, weak, or jerky, making walking difficult
- Bowel or bladder control problems

The spine is a very complex and intricate series of joints that allow us to maintain an upright posture and protect our nervous system. If you have back pain or leg pain please contact an orthopedic surgeon

for an evaluation to see if you have any degenerative changes of the lumbar spine.



about the doctor

Christopher Happ, D.O.
Orthopedics

Dr. Happ is an orthopedic surgeon on staff at USMD Hospital at Fort Worth. If you need a specialist, please call (888) 444-USMD for a free physician referral.

WHEN ARTHROSCOPY CAN HELP

- **Bone spurs:** Occasionally, painful bone spurs form around the socket or the ball. This is sometimes called FAI (femoroacetabular impingement). During hip arthroscopy, the surgeon can remove the bone spurs, allowing the hip to move more freely with reduced pain.
- **Labral tears:** The cartilage lining the inside of the socket (also called the labrum) can sometimes tear. Labral tears can be repaired during hip arthroscopy using sutures or by excising a small portion of the labrum.
- **Inflamed tissue:** Some tissue around the hip joint may become inflamed, causing the joint to become irritated. The inflamed portion of the tissue can be shaved away during arthroscopy, resulting in reduced pain for most patients.



Get Hip to Arthroscopy

THE HIP IS ONE OF THE LARGEST JOINTS in our bodies. So when it's in pain, you are going to feel it.

In the past, patients suffering from hip problems had limited options. In most cases, they were forced to live with the pain. Fortunately, new technology, in both the tools used and the ability to visualize the hip joint, has led to a recent surge in the popularity of hip arthroscopy.

What is Hip Arthroscopy?

Arthroscopy is a procedure in which a camera is inserted into the joint through a small incision, providing vision of the joint for the surgeon, while instruments are inserted through neighboring small incisions.

Hip arthroscopy allows the surgeon to diagnose and treat a wide array of problems within the hip, which in the recent past have required larger incisions and a longer recovery. The smaller incisions and reduced disruption to the body allows a much quicker recovery from the surgery.

What Should I Expect from Hip Arthroscopy?

Many patients can have hip arthroscopy as an outpatient; some will need to

stay overnight in the hospital, depending on their procedure and circumstances.

You can expect to be on crutches or use a walker for a brief period of time, and physical therapy will likely be prescribed. Typically, patients return to a full and active lifestyle a couple months after hip arthroscopy. Your doctor can provide specific recommendations to you and discuss any lifestyle changes that may be needed to protect your repaired hip.



about
the
doctor

Bret Beavers, M.D.
Orthopedics

Dr. Beavers is an orthopedic surgeon on staff at USMD Hospital at Fort Worth. If you need a specialist, call (888) 444-USMD for a free physician referral.

ACL Tear? You've Got Options

THE ANTERIOR CRUCIATE LIGAMENT TEAR. You've likely heard of ACL injuries before, even if you've never experienced one. They are a common cause of season-ending injuries for many athletes.

Fortunately, ACL reconstruction surgery has seen dramatic improvements in the past several years. Most athletes are able to return to their previous level of activity. Reconstructive surgery is done only when the ACL cannot be repaired. Often, it's reconstructed using a graft from a different part of your body.

Grafting Options

One option surgeons consider when reconstructing an ACL is an autograft. This is tissue from your own knee that is transferred and used to reconstruct the ACL. The most common autografts are from the patellar tendon or hamstring. The other option is an allograft, which is tissue from a cadaver. Commonly used allografts include the patellar tendon, Achilles tendon, and hamstring.

Whether to use an autograft or an allograft is still controversial. Although patellar tendon autograft has long been considered the gold standard, allograft safety has improved significantly in the past 15 years.

Which Is Best?

Each graft has its pluses and minuses. A patellar tendon autograft has been found to be slightly more stable than a hamstring autograft, but there is more pain at the harvest site with the patellar tendon compared to the hamstring. Plus, there is an increased risk for kneeling pain. Hamstring grafts may cause some mild weakness in the way the knee bends, too.

Allografts avoid the issue of pain at the harvest site. The surgeries also are a bit shorter, so the risks associated with longer surgeries are reduced. But allografts have some disadvantages, including rejection, bacterial or viral infection risk, and cost. Also, studies have shown that the allograft takes longer to be incorporated into the body, increasing the risk for failure.

Ultimately, the graft choice is a decision you must make after discussing it with your surgeon. That way you can determine which option will be best for you.

5 Tips to Keep Your ACL Healthy

ACL tears are a common occurrence among athletes. But there are steps you can take to prevent them. Follow these tips for knee-safe workouts:

1. Warm up before exercising.
2. Weight train to build leg muscles.
3. Wear proper shoes.
4. Ask an expert for training in safe jumping, landing, and slowing down. For starters, land on flexed knees and avoid side-to-side motion.
5. Check out safety programs at hospitals and sports clinics.



about
the
doctor

Von Evans Jr., M.D.
Orthopedic Surgery

Dr. Evans is an orthopedic surgeon on staff at USMD Hospital at Fort Worth. If you need a specialist, call **(888) 444-USMD** for a free physician referral.



HEALTH pulse

Health Pulse is published by USMD Hospital at Fort Worth to educate readers about issues important to their health. It is not intended to replace consultation with a personal physician. © 2015. Printed in the U.S.A.

 Printed on Recyclable Paper 10466M



DON'T KEEP SILENT ABOUT Male Urinary Incontinence

EMBARRASSMENT CAUSES MANY TO KEEP quiet about urinary leakage. While more common in women, male urinary incontinence is a prevalent problem on the rise. But their silence may be preventing them from addressing this common condition.

Causes and Treatments

Men are plagued with the same mechanisms of incontinence suffered by women. That said, the underlying causes and timing are different. Overactive bladder with urgency incontinence is more common in women at younger ages. However, between age 50 and 70, men catch up. Fortunately, there are multiple treatments that can help curb overactive bladder. These include

medications, pelvic floor exercises, manipulations of the nerve impulses to the bladder, and even Botox® injections. Overflow incontinence occurs in men with bladder outlet obstruction, most commonly due to prostatic obstruction or urethral stricture (a scar in the urethra caused by injury inflammation or infection). Urinary retention with the inability to empty may lead to constant overflow incontinence. In some cases, surgery may be an option for relief of the obstruction.

Stress urinary incontinence in men—most often resulting from various prostate interventions—is a vexing problem. Doctors can often implant artificial urinary sphincter to regain control. More recently, sling surgery, modified from similar operations



about
the
doctor

James Daniel Johnson, M.D.
Urology

Dr. Johnson is a urologist on staff at USMD Hospital at Fort Worth. If you need a specialist, call **(888) 444-USMD** for a free physician referral.

designed for women, has restored continence. These operations can be as outpatient procedures.

Don't Be Ashamed

Male urinary incontinence is a significant medical problem that can impact everyday life. It is more common than you think. The key is to openly discuss it with your doctor so you can get the help you need to regain bladder control.