Arthroscopic Surgeries and Joint Repair
Webcast
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Introduction

Andrew Schorr:
Hello and welcome once again to Patient Power sponsored by UCSF Medical Center. Well so many of us, whether we are athletes or we’re just getting older, we can have shoulder problems, knee problems, hip problems, elbow problems, wrist problems; you name it we have joints that can hurt. So traditionally there has been rehabilitation of course, and there could also be surgery. Well there are new ways of doing surgeries that you can recover from much more quickly, and it is not just for the big name athletes. So to help us understand arthroscopic surgeries and joint repair, state of the art, is Dr. C. Benjamin Ma. He is Chief of Sports Medicine and the Shoulder Service at UCSF Medical Center. Dr. Ma, thank you for joining us.

Dr. Ma:
Oh thank you for the invitation.

Andrew Schorr:
Dr. Ma, so I’m right aren’t I? It’s not just for the San Francisco Giants pitching staff, right?

Dr. Ma:
Absolutely. I think most of us that take care of athletes would say that we take care of a lot of weekend warriors, high school seniors and also active individuals. It is not limited to high profile athletes for the surgery we do.

Andrew Schorr:
And in older people as well?

Dr. Ma:
Absolutely. You know we are living through the era of the baby boomers; we call it the “boomeritis.” We have a lot of 40 to 60 year olds that are still very active, still play tennis, run marathons and also do a lot of skiing that potentially could get ACL tears, rotator cuff tears and meniscus tears that we actually still take care of them.
Arthroscopic Versus Open Surgery

Andrew Schorr:
I imagine if you want to run the Bay to Breakers as I saw recently, then right, maybe one of these surgeries could help. When we say arthroscopic surgery what do we mean versus the traditional open surgery?

Dr. Ma:
Arthroscopic surgery means that we do the surgery with the assistance of an arthroscope. An arthroscope means there is a camera that we actually put into a joint, which allows us to kind of visualize the joint in a more magnified manner using minimally invasive techniques. So most of these surgeries are achieved by making two to three small incisions about three to four millimeters, and we put instruments like the camera and long instruments, let’s say like a grabber or a suture passer that could go into the joint, allow us to do the work which we traditionally do by making big incisions to go in to visualize the joint.

Andrew Schorr:
So what does that mean for recovery? It would seem like you would get well faster.

Dr. Ma:
Yes, you know the recovery is that you don’t have to cut any muscle and tendon to go in to do the work you need to do so the recovery could be shorter. Also you create less damage or injury to the joint. The analogy I give people all the time is for example a rotator cuff tear which we used to do with an open incision, where we had to cut through the muscle to fix a muscle, so by the time you go into the operating room with one muscle that’s torn, and you have two muscles that need to heal when you are done with surgery. With arthroscopic surgery you can bypass the splitting or cutting of the muscle. You just go directly in there, minimally invasively, and then do the work you need to do. So you can really avoid creating more problems while fixing the injury.

Andrew Schorr:
So with open surgery the recovery might take how long versus arthroscopic? Now I know it is going to vary by procedures, so give us an example.

Dr. Ma:
It varies tremendously. For example an arthroscopic meniscectomy in which we talk the meniscus out, as a surgery it takes us about 15 to 20 minutes to do. If we do it arthroscopically you could actually be back on your feet in about a day or two and walk back to the office in about a week. Whereas with an open surgery we traditionally did about 20 or 30 years ago, it requires an open incision; cutting the meniscus out, you would be on crutches for about two to three weeks, and it would be about a month before you could be back doing most activities.
**Andrew Schorr:**
Wow, help us understand the kind of procedures you could do. Just take us through the joints. So take in the shoulder I think of the rotator cuff or what are some of the other surgeries that you might do where you can do it through the arthroscope?

**Dr. Ma:**
Shoulder is one of the most advanced joint arthroscopies that we have developed over the past 20 years or so. We could do rotator cuff surgery arthroscopically. We could do stabilization surgery for dislocation arthroscopically. We could take care of a lot of labral tears, which like the pitchers or the swimmers or the volleyball players get. We could also use arthroscopic technique to fix ligament tears. For example the AC joint separation or separated shoulder, which we traditionally fix with a screw or an open incision, now we can do it arthroscopically assisted. So shoulder I would say, aside from a shoulder replacement, most surgeries we can achieve doing the arthroscopic technique unless it is for some of the very complicated or difficult cases.

**Andrew Schorr:**
We’ll come back to the hip in a minute. Let’s talk about the knee.

**Dr. Ma:**
Knee surgery is another joint that we actually have had a lot of development in meniscus surgery, ACL or ligament reconstructions, and arthroscopic cartilage repair. I think those are all the developments that have happened over the past 15 years or so.

**Andrew Schorr:**
I understand that there are some procedures with both the elbow and the wrist.

**Dr. Ma:**
Yes. You know wrists we can do arthroscopic debridement of the ligaments within the joint itself. With the elbow we could take loose bodies out. We can actually take care of some of the cartilage problems within the elbow joint, and we could also take care of some of the arthritic problems. For example when people develop arthritis in the elbow and they get stiffness, traditionally we make this big incision and take out osteophytes and open up the joint. We can now do them arthroscopically to really open up the joint without making big incisions.

**Andrew Schorr:**
Dr. Ma hundreds of thousands of people as they get older typically end up having hip replacement surgery; either the whole hip or part of the hip or there are even ads on TV. All of us would like to not get to that point. Is there any arthroscopic approach that you are looking at now that might either stave that off or maybe alleviate the need for a whole hip replacement surgery?
Dr. Ma:
Well you know it’s interesting that you brought it up Andrew, because over the past five to ten years the field has really learned more and more about hip arthritis. One of the reasons for developing a hip arthritis is when you actually develop abnormal biomechanics to the hip in a sense that you develop this spur in the hip, and this spur subsequently creates more problems with cartilage where abnormal mechanics and the joints start to deteriorate. We actually found out that as high as even 70 to 80 percent of the people that have end stage, or bad, bad arthritis of the hip; the cause is actually because of this spur. So now we actually have the ability to use arthroscopic to remove this spur ahead of time so that they halt the process or slow down the process of hip degeneration.

So we may see a lot of interest in terms of developing screening to look at people before they develop bad, bad arthritis and need a hip replacement. We could do this more minimally invasive surgery to enable them to use the hip for a longer period of time and remain more symptom-free.

UCSF Multidisciplinary Team for Arthroscopic Surgery

Andrew Schorr:
Dr. Ma you make it sound easy, as you have rattled off all these procedures you do, but I know that UCSF is highly regarded in this. Tell us about your team there, and what you are able to do there that maybe they can’t do just anywhere.

Dr. Ma:
Well you know a team consists of multiple personnel to make it work. Of course you have to have the surgeon that is technically gifted to do it. We have specialists in hip, shoulder, knee, elbow, wrist and ankle arthroscopy here at UCSF. We also need to have nurses that are very comfortable with the equipment, which is difficult to train because of the ever-changing field and instruments we have. So we have a good team of nurses and technicians that help us all the time.

The other important facet of it is anesthesiology because these tend to be young patients. They want to be back on their feet very quickly. We need to have anesthesia that is very predictable in terms of pain control because you could do a minimally invasive surgery but if you don’t have the right anesthesia they may not allow us to be able to do the surgery with the arthroscope. So we have good regional anesthesiologists. These are folks that actually are very well trained to deal with these athletes and also do regional anesthesia that can provide the best optimal condition for us to do the operation.
**Andrew Schorr:**
So there I am, a weekend athlete, and I develop one of these problems. I guess I can go to UCSF with a great deal of confidence because certainly there are professional athletes who go there whose career is on the line looking for a shoulder repair or a knee repair and I know those same skills on your team will be brought to bear for me.

**Dr. Ma:**
Well sure. I think that we take care of professional athletes or weekend warriors or even folks that want to continue to stay active. So the teams certainly have the ability to take care of people with different types of backgrounds. The majority of the patients we take care of actually are the weekend warriors because those are the most common people we see that are still staying very active. I would say I would encourage everyone to stay active because what it does is that it prevents you from having other types of diseases like heart problems, lung problems, and we want everyone to stay active as much as possible.

**Recovering From Arthroscopic Surgery**

**Andrew Schorr:**
Dr. Ma is it your experience that people can typically make a full recovery so that if I am a tennis player or a swimmer, whether I’m a professional or not, that I can have the hope to get back to that sport and that activity I enjoy doing?

**Dr. Ma:**
Yes, I think to a certain degree that is true, but I also tell people that injuries happen because it is either over-used or you have trauma to it and every time you add injury to it, the joint is not perfectly normal. What I mean is for example if someone has an ACL that’s torn from skiing I could operate on these people, could get them back to skiing, be active again, but I also caution them that, hey your knee has been injured. It is not going to be exactly what it was before and to be cautious about using the joint.

So functionally we can get patients back to a very high level of activity, but also deep down we want them to careful not to be very cavalier about jumping off that 60 foot cliff again to hurt themselves because repeated injuries can be very tough on the joint to recover.

**Andrew Schorr:**
Okay, so if I see you once then I know I may have to give up my career as an extreme skier, right?

**Dr. Ma:**
I would let you continue to become a weekend skier.
Andrew Schorr:
A weekend skier; that’s fair. So it must be very satisfying though in that what you can do now arthroscopically you allow people to stay very active.

Dr. Ma:
I really enjoy what I’m doing. I think the team over here really kind of thrives on each other and when a medical student comes through or fellows come through, it is very gratifying to see people when they come to see you that they can’t do a certain activity or get injured, and now after surgery and recovery they can go back to their activities. So we are dealing with a lot of happy patients because they are motivated to want to get better, and this is the population that we want to take care of.

Andrew Schorr:
Certainly if someone is facing a joint surgery it sounds like they should really have a discussion with their surgeon, maybe get a second opinion, maybe even a third. I would say visit UCSF for sure to see can it be done arthroscopically.

Dr. Ma:
Yes, I think the arthroscopic approach is one technique that can actually help patients to have a faster recovery, and I think in terms of going to the surgery, is the relationship that you have with your physician. So make sure that you feel comfortable with the care and the direction of the approach, and then you'll have the best outcome.

Andrew Schorr:
Great advice. Well Dr. C. Benjamin Ma, Chief of Sports Medicine and Shoulder Service, thank you for explaining arthroscopic surgeries and joint repair for us.

Dr. Ma:
Well thank you for the invitation. I enjoyed talking with your audience today.

Andrew Schorr:
We really appreciate it. Now for more information about the physicians and services at UCSF just call our physician referral service at 1-888-689-UCSF. (1-888-689-8273). You’ve been listening to Patient Power brought to you by the UCSF Medical Center. I’m Andrew Schorr.

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