A new approach to hip surgery speeds recovery time for Rosemount resident
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Total hip replacement is a major surgery that can result in serious complications, but thanks to the recently developed SuperPATH technique recipients of the surgery may not have as much to worry about.

Kay Schmidt didn’t think much of the twinges and tightness that began in 2011 in her groin and hips, only that she might have overdone herself on the treadmill. That changed when those twinges culminated in some real pain at the beginning of this year.

“In January, at a Super Bowl party, I couldn’t get up the stairs. I had to use the handrail,” said the 64-year-old Rosemount resident. “I was in pain every step I took since January.”

An MRI revealed arthritis in both of Schmidt’s hips, bad news for someone with an active daily routine. The pain in her joints prevented Schmidt from doing her morning stretches and exercise on the treadmill, taking long walks with her husband and their dog, and operating the daycare that she started more than 40 years ago.

“I couldn’t bend over to pick up toys,” she said. “I knew I couldn’t go on like that.”

When anti-inflammatory pills and cortisone shots failed to alleviate her pain for more than a day or two at a time, Schmidt took the advice of her doctor and went to discuss her options with Dr. Dean Olsen, an orthopedic surgeon who operates at St. Francis Hospital in Shakopee.

Olsen is one of seven surgeons in the United States licensed to perform the SuperPATH hip replacement technique. He recommended it to Schmidt without ever going over traditional hip replacement and has gone as far as to say he “will never do it any other way.”

This is a strong statement especially coming from a surgeon who has performed traditional hip replacements for 17 years, but the benefits of the SuperPATH technique are significant.

In comparison with other hip replacement methods, recipients of the SuperPATH surgery can expect a shorter hospital stay, less recovery time, and less formal physical therapy. In addition, there are no movement restrictions involved after SuperPATH whereas other techniques may limit the ways in which a person can move their hip after the operation.

One important difference between SuperPATH and the other techniques is SuperPATH has the hip implant built inside of the body instead of outside, meaning that the hip never needs to be
dislocated or forced into any unnatural positions during surgery. This insures the procedure is as minimally invasive as possible. Olsen referred to this as the “ship in a bottle” technique.

The principle says less aggravation during the surgery means less rehabilitation afterward, and Schmidt was able to experience this firsthand when she woke up from her operation.

“Four hours after my surgery I was walking and they said I could do anything I wanted,” she said.

Schmidt had her surgery on a Friday. By Sunday she was home. During the first week she was able to go up and down the stairs with the assistance of a cane, and in the second week she mainly used the cane outside for stabilization. By the fourth week she didn’t use the cane at all.

Though physical therapy can be a painful ordeal particularly after a major surgery like hip replacement, Schmidt spoke lightly about her experience going twice a week.

“The physical therapist was pretty amazed with it,” she said. “Things we were doing in the first and second week were things that are normally done in the sixth week.”

After five weeks of physical therapy that mainly involved stretching and strength building, Schmidt was once again able to walk the two miles she used to with her husband and their dog.

The SuperPATH hip replacement technique was finalized in June. Olsen estimated that he is now nearing 200 completed surgeries using the technique. While this figure may seem notable there are still only seven surgeons in the United States able to perform SuperPATH. Olsen isn’t sure how long the method will take to catch on despite its advantages.

“I don’t know how fast it will be,” he said. “It’s a big commitment for surgeons to make such a big change in their practice.”

Olsen noted that to approach a surgeon and tell them that there is a better way to do what they have been doing for years would not be the right way to spread the use of this innovative technique and that just telling a surgeon something is better will not likely change their mind.

“Surgeons have very strong opinions; we’re a dogmatic bunch,” he said with a laugh.

Wright Medical Technology, the orthopedic implants manufacturer that patented SuperPATH and the instruments required for it, held its first class teaching the technique in September. Olsen wasn’t sure exactly how many people attended and how much exposure the technique really received, but the class was one of the first steps in extending the opportunity of a less invasive hip surgery to more people who need it.

Olsen and his six colleagues around the nation will continue to perform the SuperPATH hip replacement technique and try to produce patients like Kay Schmidt who are just happy to have their normal lives back.
“I’m really glad I had it done and I feel great,” she said. “It’s been fun to play with the little ones again.”