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NEW IDEAS FOR OLD KNEES

NEW TREATMENTS FOR OSTEOARTHRITIS

As many of us who suffer with knee osteoarthritis know, weather change and cold weather seem to exacerbate our symptoms. (Can you predict a cold front by how your knees feel?) Then, as the weather warms and our desired activity level increases, our situation is little improved. It can be painful and frustrating. Fortunately, there are emerging trends and treatments that may help to alleviate our pain.



BY DR. MARK GALLAND

The two most important factors in the non-operative treatment of osteoarthritis of the knees are the establishment of a low-impact exercise/cardiovascular fitness

program and maintenance of ideal body weight. No two factors have ever been shown to be more effective. Other treatment options include occasional use of non-steroidal anti-inflammatory medication such as Ibuprofen or Naproxen. However, there are well-known side effects to these medications and they should be taken only in moderation. Another useful medication is Acetaminophen, available in various forms. Numerous “herbal” or “alternative” non-prescription medications such as glucosamine and Chondroitin-sulfate are also available. Although no reputable study has every shown any significant benefit, there is significant anecdotal evidence that this combination may alleviate the joint pain associated with osteoarthritis. However, one well-known side effect is elevation of serum cholesterol, so prior to taking this dietary supplement, one should notify his or her primary physician. Newer medications recently introduced include topical anti-inflammatory medications that are applied directly to the skin of the affected joint – either in the form of a gel or a patch. Although these are topical medicines, they are absorbed systemically and do have the same potential side effects as oral anti-inflammatory medications.

One of the time-tested treatments for osteoarthritis of the knee is a steroid injection. Many patients hold the belief that there is a yearly or lifetime “limit” on the number of steroid injections that can be received. This belief is inaccurate, and is a decision that is made on an individual basis by one’s physician. Newer medications known as “Visco supplements” are delivered as an injection on a weekly basis for three, four, or five weeks in a row

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and can be administered up to twice a year. Also known as “joint jelly,” it acts as a lubricant and cushion for the joint and supplements the naturally occurring substance, Hyaluronic acid, already present within a normal healthy joint.

All of these aforementioned conservative treatment measures may delay or completely eliminate the need for operative intervention. However, when reasonable conservative treatment measures fail, operative intervention can be considered. The least invasive method would be a simple arthroscopy. A “Scope” can be beneficial in rare instances when the symptoms are primarily mechanical; i.e., catching or locking or popping, rather than strictly pain. More aggressive solutions include total knee arthroplasty.

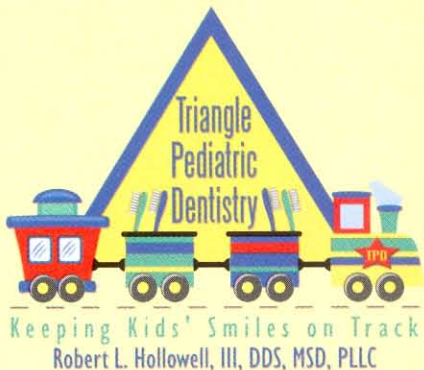
Today’s total knee arthroplasty is markedly advanced compared with that of even 10 years ago. Newer techniques involve computer generated images and modeling to provide a “customized” total knee arthroplasty – designed and “fit” specifically for each individual patient. In certain select patients with osteoarthritic knees, only a small portion of the joint – approximately one-third of it – is involved. In these patients a “partial knee replacement” may be appropriate. Advantages of a partial knee replacement include smaller incision, shorter hospital time, and quicker recovery.

If you’re experiencing pain and frustration due to osteoarthritis of the knees, know that the two most important factors in the non-operative treatment of this ailment are the establishment of a low-impact exercise/cardiovascular fitness program and maintenance of ideal body weight. No two factors have ever been shown to be more effective.

every time when compared with total knee arthroplasty. This technique is rapidly gaining popularity in the United States but has been performed for many years with good results.


Fortunately, with current advances in non-operative and operative technology, we no longer need to suffer the ravages of osteoarthritis in silence. One must simply consult his/her local orthopaedic surgeon to discuss these options in greater detail and develop a treatment plan. ■

Dr. Mark Galland is a Board Certified Orthopaedic Surgeon specializing in sports medicine, practicing in Wake Forest and North Raleigh. He serves as Team Physician and Orthopaedic Consultant to the Carolina Mudcats, AA affiliate of the Cincinnati Reds of Major League Baseball, is Medical Director and Orthopaedic Consultant to the Louisburg College Athletic Program, and Team Physician and Orthopaedic Consultant to several area high schools. Dr. Galland has authored book chapters and papers in sports medicine. He can be reached at 919-562-9410 or visit www.orthonc.com.



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