

HOSPITAL FOR
SPECIAL SURGERY:
SPECIALISTS IN
MOBILITY
WINTER 2008

Horizon



Comprehensive Care
of the Hip –
Ensuring a Lifetime
of Mobility





New Hip, Renewed Life

As Chief of the Hip Service, Douglas E. Padgett, MD, (center) leads a faculty of orthopedic surgeons world renowned for their expertise in surgical treatment of the hip. Here, he performs a total hip replacement with Steven Shah, MD (right).

Photo below: Many of the Hospital's surgeons use a cementless (bone-ingrowth) total hip replacement.



Comprehensive Care of the Hip – Ensuring a Lifetime of Mobility

The evolution of treatment for hip disorders at Hospital for Special Surgery began to gain momentum in the 1960s, and in the four decades following, our physicians, biomedical engineers, and researchers have been leading the way in the development of treatment approaches that address virtually every type of hip pain, injury, and disorder.

Each year, Hospital for Special Surgery performs more hip surgeries, including primary and revision replacements, hip resurfacing, and arthroscopic procedures, than any other institution in the world. “With our dedicated focus on caring for patients with orthopedic and rheumatological conditions and an extremely high surgical volume – more than 2,500 cases a year for the hip alone – it follows that outcomes will be better for our patients,” says Thomas P. Sculco, MD, Surgeon-in-Chief.

According to Douglas E. Padgett, MD, Chief of the Hip Service, the Hospital is uniquely equipped to manage all aspects of disorders related to the hip in all age groups. With orthopedic surgeons and engineers who are pushing the envelope in surgical technique, implant design, and instrumentation; radiologists who are foremost authorities in orthopedic imaging; a highly skilled orthopedic OR team and a Magnet-recognized nursing staff trained in surgical care of orthopedic patients; and an on-site rehabilitation service that is without

equal in its field, Hospital for Special Surgery is the premier center for comprehensive care of hip disorders.

“No one is too young or too old, and every hip condition can be addressed, even when compounded by other medical conditions,” says Dr. Padgett. In fact, the unparalleled experience of the Hospital’s orthopedic surgeons and their ability to manage high-risk cases makes it possible to treat patients with the most complex and challenging conditions when other institutions have been unable to offer help or hope. Laura Galbo is a case in point.

A Complex Case, A Model Solution

From horseback riding in Alaska to swimming with the dolphins in Jamaica to touring the Outback of Australia, Laura Galbo is a woman on the go. Just three years ago, she was suffering with intractable pain in both hips. Ms. Galbo, 4' 1", had struggled for a number of years in pain and had reached a point where she could no longer function. Doctors at other institutions advised against hip replacement surgery due to her young age (45 at the time) and the complexity of her case. However,



Thomas P. Sculco, MD, Surgeon-in-Chief, is a pioneer in hip replacement surgery.

Ms. Galbo, a former educator with many interests and a passion for travel, refused to accept a future of pain and immobility.

“Laura’s level of deformity and her short stature presented a huge challenge,” says Dr. Padgett. Over the next three to four months, Dr. Padgett conferred with Philip D. Wilson, Jr., MD, Surgeon-in-Chief Emeritus; Timothy Wright, PhD, Director of Applied Biomechanics in Orthopedic Surgery; and Joseph Lipman, MS, Director of Device Development, to determine the best treatment plan for Ms. Galbo.

“Laura’s joint anatomy could not take a standard implant,” says Dr. Padgett. “She required a pencil-thin stem because the diameter of the canal of her femur was so small. This was about as unusual a custom implant as you’ll ever have.”

Mr. Lipman and Dr. Padgett used computer-aided design to create virtual blueprints of Ms. Galbo’s anatomy. “We can build 3D plastic models of specific anatomy for implant design in complex cases such as Laura’s or for whatever reason a model might be helpful to the

surgeon,” says Mr. Lipman. “We can also do pre-operative planning with our software, where we can actually cut the model to simulate a surgical procedure.”

“Dr. Padgett was able to give me back quality of life,” says Ms. Galbo. “After my first hip was done, I visited my cousin Jim who said, ‘you look 10 years younger. Your face isn’t covered in pain anymore.’ Once my left hip was done, and I had no more pain, it was like the right hip was screaming, ‘me next, me next!’”

Ms. Galbo’s second hip replacement took place 16 months later.

New Hips for a Hip Generation

“With the patient population becoming younger,” says Mark P. Figgie, MD, Chief, Surgical Arthritis Service, “the ongoing challenge with hip replacement is increasing the durability of the implant and improving its fixation to the bone to diminish wear over time. Among the advances over the past 20 years has been the advent of cementless technology to encourage bone to grow directly into the implant. With the implant solidly fixed to the bone it’s less likely to wear out or come loose.”

“We know that with correct patient indications, both non-cemented and cemented implants do incredibly well,” says Dr. Wright. “If you have good, healthy bone and you’re a young, active patient, the surgeon is

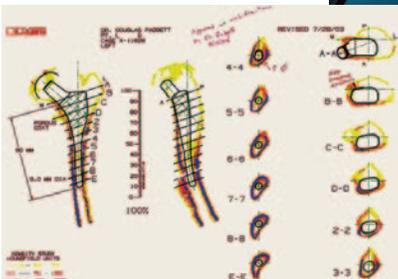
more than likely going to use biologic fixation – without cement – because it is ultimately more durable.”

The evolution of hip replacement surgery has also included improvements in implant design. One of the possible effects of hip replacement is thigh pain due to inflexibility of the metal stem component of the implant. So Drs. Padgett and Figgie; the Hospital’s bioengineering team, headed by Dr. Wright; and surgeons from around the world, sought to address this problem by creating a new implant that was a modification of an earlier design invented at Special Surgery. Dubbed the Anatomic 2, the new implant came to life not only through the collaboration of physicians, but also aided by three-dimensional bone modeling that allowed the development of a more anatomically correct stem.

“The modified implant differs from previous cementless implants in that it has a tapered stem to better fit the anatomy of the bone,” says Dr. Padgett. “We have been using this implant in patients for the past few years with excellent results.”

The Picture of Health >

From 18 to 80, people with hip pain can find relief at Hospital for Special Surgery, recently ranked number one in orthopedics by *U.S. News & World Report’s* “America’s Best Hospitals” survey. Here patients from all walks of life with conditions of varying complexities receive treatment that enables them to return to pain-free mobility. Following are just some of the thousands of patients who turn to Special Surgery each year for care.



Joseph Lipman, MS, created virtual prototypes of Laura Galbo’s hip joints from CT scans and a design template (far left). In cases similar to Ms. Galbo’s, the Hospital’s bioengineers can now create 3D models with their new ‘model maker,’ or rapid prototyper. Ms. Galbo had her left hip replaced first and her second hip 16 months later with excellent results as shown in her follow-up images.

**Hip Replacement –
Right Hip**

“I have been able to return to biking, playing with my kids, and jumping for joy.”

Penny Hoff, 46
Fitness Professional



Revision – Right Hip
“I may not be able to run...but I am able to walk again.”

Murray King, 84
Investment
Entrepreneur



**Arthroscopy –
Bilateral Hips**

“I’ve been able to achieve my goal of playing ice hockey at the highest level.”

Brandon Russo, 15
Student Athlete



**Hip Replacement –
Left Hip**

“As a dance teacher, I had become limited in what I could do. This surgery gave me back my mobility... and my life.”

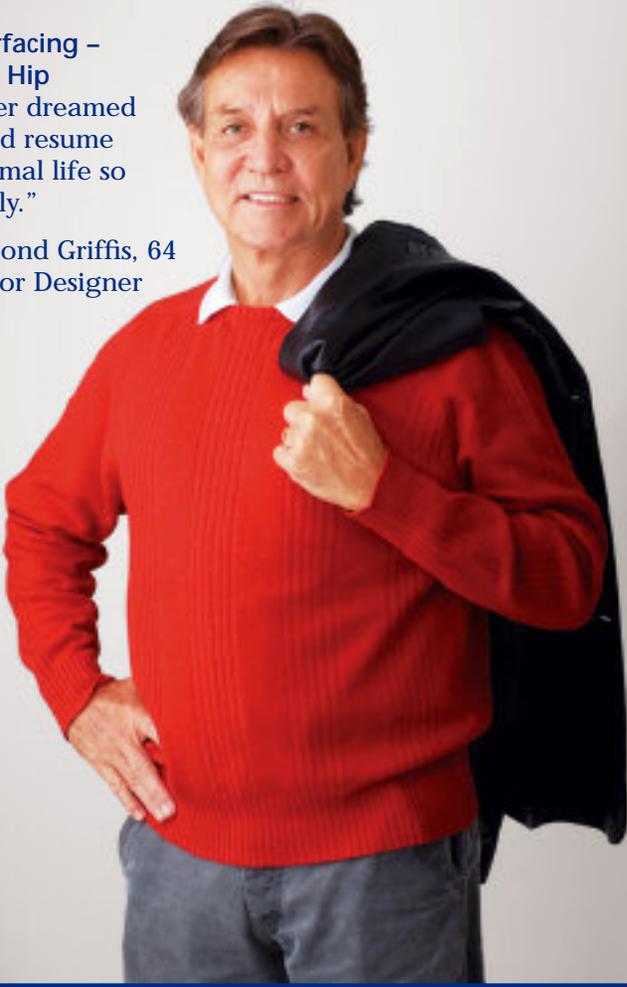
Sharron Miller, 62
Artistic Director



**Resurfacing –
Right Hip**

“I never dreamed
I could resume
a normal life so
quickly.”

Raymond Griffis, 64
Interior Designer



**Rheumatoid Arthritis –
Bilateral Hips**

“Instead of using a
wheelchair or crutches,
I’m able to walk and
enjoy quality time
with my family.”

Dierdre Zorn, 39
Former Teacher



**Revision Surgeries –
Bilateral Hips**

“I never thought I’d
walk again. My
doctors have given
me back my life.”

Raina Paul, PhD, 58
Clinical
Psychologist



**Hip Replacement –
Bilateral Hips**

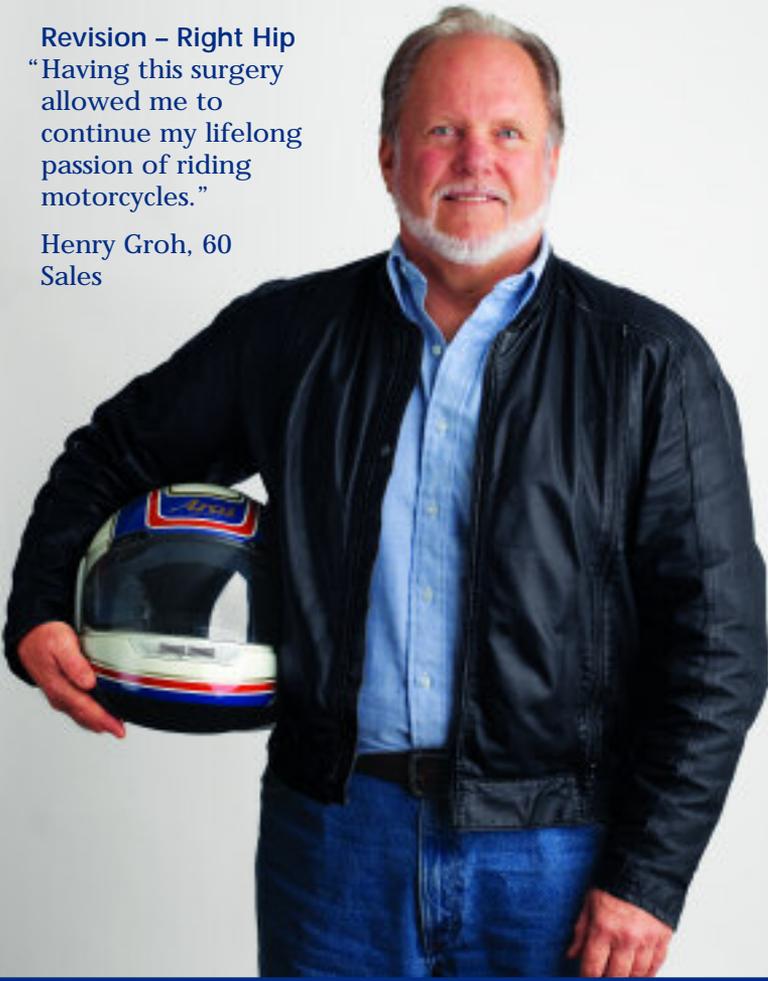
“My wife and I are
going to travel
around Spain for a
month – and do
a lot of walking!”

Noel Trinidad, 66
Actor



Revision – Right Hip
“Having this surgery allowed me to continue my lifelong passion of riding motorcycles.”

Henry Groh, 60
Sales



Arthroscopy – Left Hip
“Before I was in pain no matter what I did. Now, I hope to get back to softball soon.”

Ashley Frontino, 19
Student



Resurfacing – Right Hip
“Surgery gave me my life back.”

Barbara Bailey, 54
Former Money
Market Broker



Resurfacing – Bilateral Hips
“Resurfacing has completely changed my life.”

Chris Curcra, 40
President, Medical
Education Company



The Hip: Offering an Array of Treatment Options

Along the continuum of comprehensive care for the hip joint provided by orthopedic surgeons at Hospital for Special Surgery are hip replacement surgery and joint preservation procedures, including hip resurfacing and hip arthroscopy.

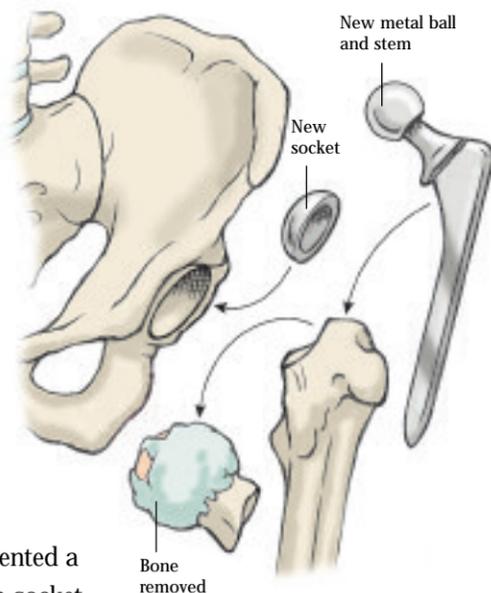
Hip Replacement

Laura Galbo represents one end of the spectrum of patients who come to Hospital for Special Surgery for hip replacement surgery. Other patients present with less complex anatomy, but seek the same results: alleviation of their pain and increased mobility. Among the Hospital's orthopedic surgeons, there exists a wealth of knowledge gleaned from thousands of hip replacement cases that has allowed them to consistently improve not only technique, but other aspects of care as well. "The Hospital's infection rate is the lowest in the world," says Thomas P. Sculco, MD, "and we operate using regional anesthesia – a method pioneered here at the Hospital – making surgery safer, reducing blood loss, and enabling patients to begin rehabilitation more quickly." In fact, as a resident 30 years ago, Dr. Sculco wrote the first paper documenting regional anesthesia as the preferred method for hip replacement surgery.

About nine years ago, a resident who had scrubbed in with Dr. Sculco for a hip replacement surgery, asked, "Why is the incision as large as it is, because you're really not using a good portion of it to do the operation?" With this observation came the advent of the mini-incision hip replacement procedure pioneered by Dr. Sculco and his colleagues. The Hospital's surgeons and engineers also customized the instrumentation to allow access to the hip with minimal disruption to the skin and soft tissues and invented a reamer that makes it easier to shape a new hip socket. A follow-up study of more than 2,000 patients who



Total Hip Replacement
Hip replacement surgery involves removing the diseased bone and inserting a prosthetic joint that is composed of the stem, the ball, and the socket. The ball is replaced with a polished metal or ceramic ball that fits on top of the stem. The new socket is usually a combination of a plastic liner and a cobalt-chrome or titanium backing.



An Inside View
As shown in this post-operative radiology image, the implant (at right) has a prosthetic ball placed upon a metal stem that is implanted within the femur. Depending on the patient's situation, either a cemented or cementless prosthesis is used. A cementless prosthesis involves fixation of metal to bone through microscopic pores on the stem that allow bone in-growth.



On the Surface
Friedrich Boettner, MD, and Edwin P. Su, MD, explain that with both traditional hip replacement and surface replacement, the socket is inserted in a similar fashion. The two procedures differ in the way the femur is prepared.

underwent the mini-incision procedure confirmed that the technique had the same success rate as the conventional approach, with a much quicker recovery.

With less invasive procedures, Bryan J. Nestor, MD, began to review the Hospital's protocols for postoperative recovery, particularly for young, healthy patients. "We believed that these patients might be able to go home sooner," says Dr. Nestor. "Our anesthesiologists, nursing staff, physical therapists, and internists met to discuss how to streamline the recovery process and maintain safety."

From these discussions, the Fast Track program was born. Patients who go through Fast Track begin walking the same day of surgery. The program has enabled 60 percent of patients who undergo hip replacement to be discharged on the second day after surgery, and 90 percent of patients go home by the third day.

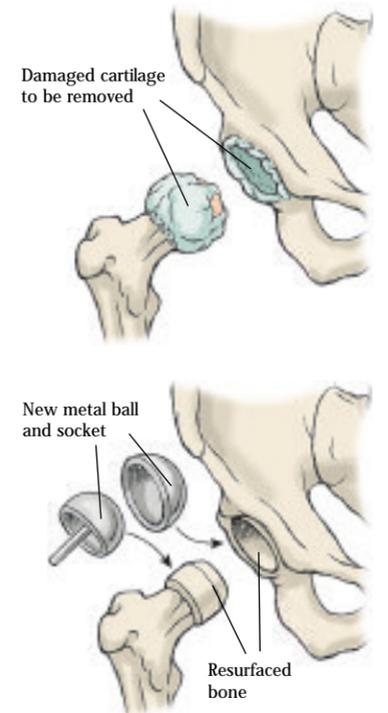
Hip Resurfacing

Hip resurfacing, a bone-sparing approach to joint replacement that originated in the 1970s, is making a comeback. Also known as surface replacement, the procedure involves the preservation of bone during the implantation of an artificial hip joint, and is an option for a select group of patients. "Candidates are generally under the age of 60 because they have stronger bones," says Edwin P. Su, MD. "Since we know hip implants have a finite lifespan, the younger you perform a total hip replacement, the more likely the patient will need a revision surgery. With a surface replacement, the bone is sculpted to accept a metal cap with a short stem, saving the bone to give the patient more options in the future."

"The experience we have gained over decades of performing hip replacements and what we have learned about implant positioning has helped us to improve the hip resurfacing technique," says Friedrich Boettner, MD. "We also now have a number of different size implants to use with hip resurfacing enabling us to tailor the implant to the patient much more accurately than was possible in the 1970s."

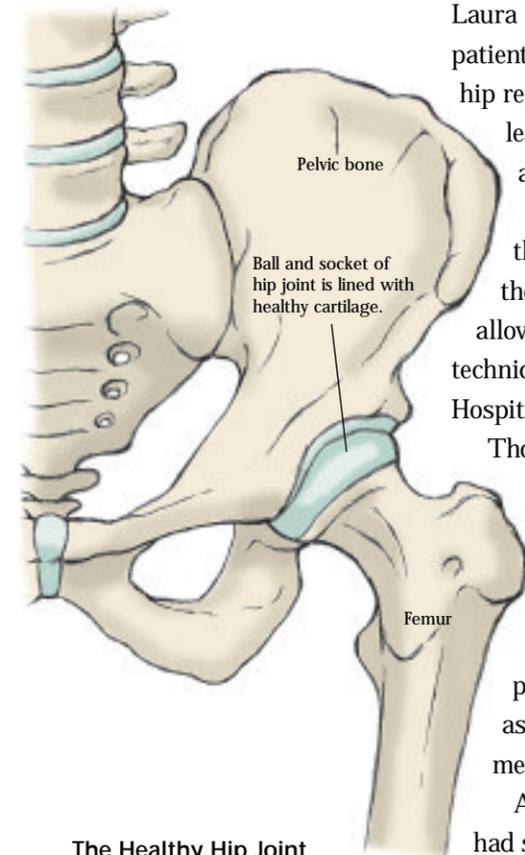
Hip Resurfacing

Whereas traditional hip replacement involves removing the head and neck of the femur, surface replacement preserves this bone. The surgeon will remove minimal bone around the femoral head, reshaping it to fit inside the implant. The acetabulum is also resurfaced to accept the implant. The all-metal implants are then inserted and the resurfaced femoral head is inserted into the new socket.



The Healthy Hip Joint

The hip joint is a ball-and-socket joint located where the thigh bone (femur) meets the pelvic bone. The head of the femur is round and covered with a layer of cartilage that cushions the joint. This ball fits into the socket (acetabulum) of the pelvic bone and is held in place by ligaments.



The Hospital's surgeons have performed some 400 hip resurfacing procedures in the last three years. They continue to study its potential benefits, including implant longevity and the advisability of people returning to high-impact activities.

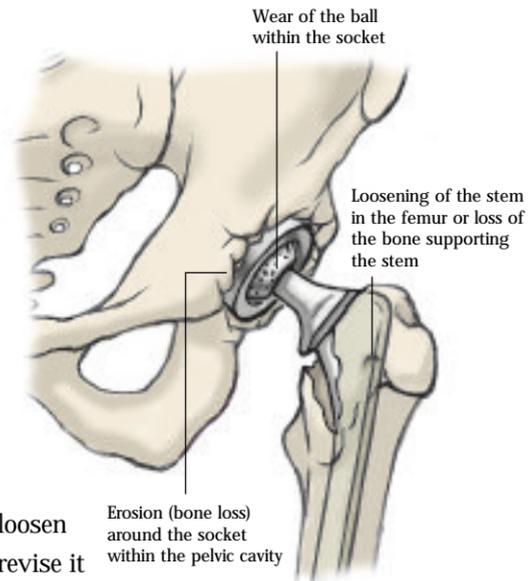
Revision Hip Replacement

The Hospital's orthopedic surgeons have particular expertise in revision hip replacement – replacing an original implant that has failed. “There are a number of reasons for performing a hip revision surgery,” says Mathias P. Bostrom, MD. “Young patients with hip implants put more demand on implants, so the survivorship of implants in a 40-year-old is not going to be the same as in a 70-year-old. Bone

loss around the implant can cause the original implant to loosen or fracture. You may have to revise it for infection or because of a dislocation or instability. All three of these are major reasons a patient may require surgery a second time, but the biggest problem remains the loosening of the implant that happens over time – usually due to wear particles that are generated from the hip joint. The body attempts to clean up these particles resulting in bone loss around the implant instead.”

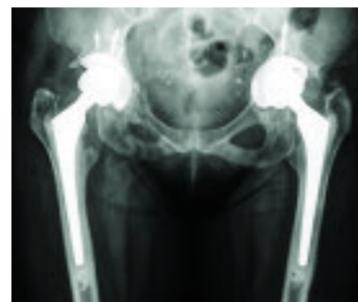
According to Dr. Bostrom, revision hip replacement surgery provides a number of challenges, and is more difficult to perform than primary hip replacement surgery. “These procedures are demanding from a technical standpoint because we need to restore bone and find implants that are a suitable fit,” continues Dr. Bostrom. To manage the bone defects, Dr. Bostrom and his colleagues use either bone from a bone bank or newer synthetic materials. “We are exploring ways to make up for the defects through metal and plastic, and we have new bone grafting materials that promote healing and enhance the fixation of metal to the patient's own bone.”

Dr. Bostrom is also leading a study funded by the National Institutes of Health on an infrared probe that will allow orthopedic surgeons to distinguish bone from cement at the original surgical site – an important technical advance that will facilitate revision surgery.



Revision Hip Replacement

A revision hip replacement (bottom X-ray) is more complex to perform than primary hip replacement (top X-ray) because the surgery first involves removing the previous prosthesis and making sure that the quality of the bone is strong enough to adequately secure a new hip implant into position.



A Closer Look

Mathias P. Bostrom, MD, Bryan J. Nestor, MD, and Edward Purdue, PhD, are each concerned with the problems of implant loosening that can lead to revision hip replacement surgery. Dr. Bostrom pursues research on how to repair bone defects, while Drs. Nestor and Purdue investigate why bone loss occurs and problems related to wear debris.



Treatment without Implants

The development of special instrumentation and flexible scopes has improved access to the hip joint and visualization within the joint, enabling Bryan T. Kelly, MD, and his orthopedic colleagues to use arthroscopy to treat patients with certain types of hip pain.

Non-Implant Options: Arthroscopy and Osteotomy

Arthroscopy and osteotomy allow surgeons to preserve the native hip joint as long as possible and postpone or even avoid the need for hip replacement in the future.

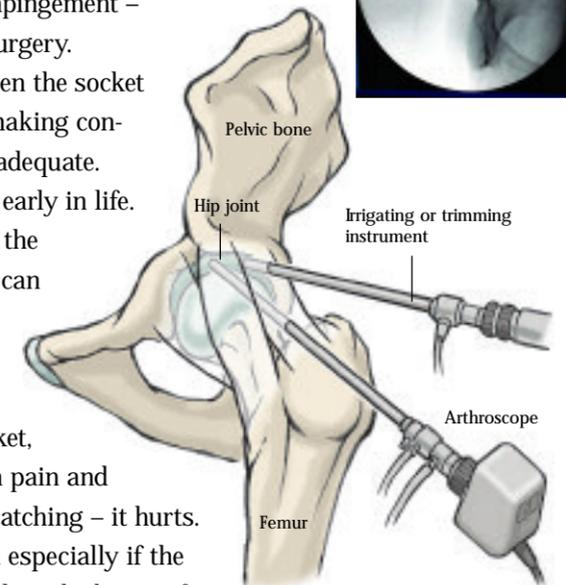
“Arthroscopy and osteotomy are procedures designed for young active people who have early onset hip pain with no significant cartilage degeneration,” says Bryan T. Kelly, MD. “We don't like to put hip replacements in 30-year-olds. We would rather identify a condition at an earlier age and intervene to prevent or slow its progression. With arthroscopy or osteotomy, we can recontour the socket in the femoral head in a way that improves the mechanics across the hip joint to eliminate abrasive wear.”

Arthroscopy allows orthopedic surgeons to address problems within the hip joint – including a tear in the tissue that surrounds the socket (labrum), localized cartilage injuries, hip dysplasia, and bony impingement – without performing major surgery.

Hip dysplasia develops when the socket of the hip joint is too shallow, making contact between the ball and socket inadequate. This can lead to degenerative changes early in life. “When the head doesn't fit deeply into the socket, the cartilage is overloaded and can start to break down,” explains Robert L. Buly, MD. “Patients not only develop arthritis, but the labrum, which is on the rim of the socket, is subject to tear. Patients present with pain and mechanical symptoms – clicking and catching – it hurts. If the cartilage is still pretty good, and especially if the patient is younger, an osteotomy to realign the bones of the hip joint can relieve the symptoms and defer the need for a hip replacement.”

With impingement, the hip socket is too deep or the shape of the upper femur is abnormal, which can also cause a labrum to tear, followed by progressive cartilage breakdown. “Again, if we can intervene at an early stage and correct the problem, we may be able to save the joint,” says Dr. Buly.

Drs. Kelly, Buly, and their colleagues now use hip arthroscopy routinely to treat non-arthritic conditions, achieving the same good results through a few small incisions. ■



Hip Arthroscopy

The instruments used to perform hip arthroscopy are inserted through two to four tiny skin incisions. The arthroscope, which is inserted through one opening, projects images of the pathology and the instrumentation on a monitor to guide the surgeon. Through the second opening, instruments are inserted to shave tissue, cauterize structures, or remove debris.

Arthroscopy – Right Hip

“I was devastated by my injury. Now I’m back to sports – and being the active person I was before.”

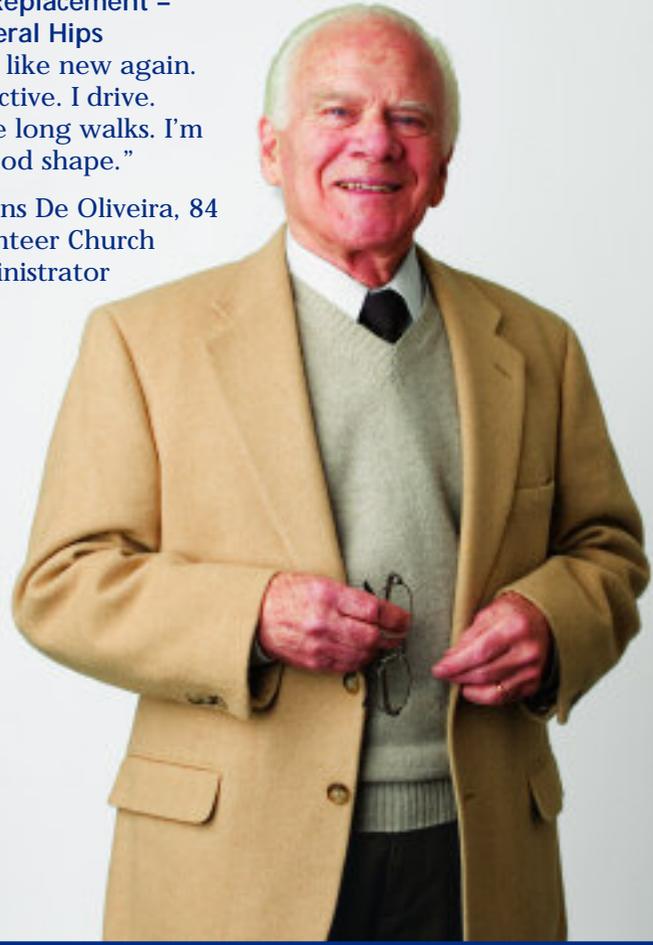
Taryn Phelan, 16
Student



Hip Replacement – Bilateral Hips

“I feel like new again. I’m active. I drive. I take long walks. I’m in good shape.”

Rubens De Oliveira, 84
Volunteer Church Administrator



Hip Replacement – Left Hip

“I’m a very physical guy, and I love cycling. This surgery has definitely helped me to keep on going.”

Bruce Taylor, 49
Law Enforcement

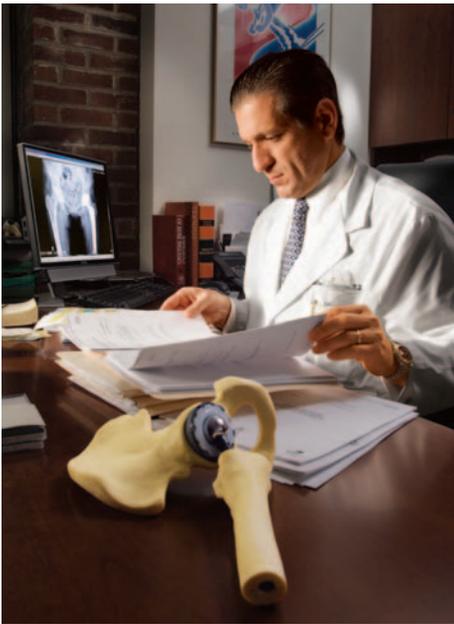


Hip Replacement – Bilateral Hips

“Surgery has allowed me to do things that I hesitated to do before.”

Annie Burroughs, 74
Retired Nurse





Michael M. Alexiades, MD, reviews data from the Hospital's Joint Replacement Registry.

In the Hospital's state-of-the-art Computer Assisted Orthopedic Surgery Center, our orthopedic surgeons are also investigating navigational software with applications to surgical tools that can guide surgeons in the operating room, enabling precise placement of the implant through a mapping system that defines both anatomy and instrumentation. Clinical application of computer technology is a particular interest of David J. Mayman, MD, who is involved in the Hospital's efforts to advance computer-assisted surgery.

Addressing Implant Wear Factors

Bryan J. Nestor, MD, and Edward Purdue, PhD, look at bone loss or osteolysis from a bone destruction perspective related to wear debris. Dr. Purdue applies both clinical and basic science resources to tackle periprosthetic osteolysis – a condition of bone loss around the hip prosthesis. “Wear is inevitable,” explains Dr. Purdue. “It just happens through the functioning of these prostheses, regardless of the materials used.”

Clinician-scientists in the osteolysis laboratory headed by Dr. Purdue continue work in understanding the body's

response to artificial joints, the mechanism triggering the development of osteolysis in response to debris particles, and why the process occurs in some patients and not in others.

“Wear debris generated from implants is still, in many ways, an unsolved problem,” says Dr. Nestor. “In the last decade, we have gained a much better understanding of the causes of wear debris, leading to efforts to reduce this problem by using ceramic-on-ceramic or metal-on-metal implants.”

“A newer device made of ceramic materials may last longer than the traditional hip replacement made of metal and plastic,” says Geoffrey H. Westrich, MD. “If an implant can last 20 years or more, total hip replacement becomes a viable option for younger patients suffering from arthritis.”

In a storage facility some 20 miles north of New York City, thousands of retrieved joint implants hold important information for the future of joint replacement surgery. This archive – created by Dr. Wright and Albert Burstein, PhD, former Director of the Department of Biomechanics, is a source of critical data that is helping to drive the devel-

opment and refinement of implant materials and design. The Hospital was one of the first in the United States to begin archiving actual retrieved implants and is still one of only a few institutions in the world with this now Web-based capability.

“We registered the first implant in December 1977, and we now have surpassed 18,000 implants, not only for the hip, but also for the knee, elbow, finger, and wrist joints,” says Dr. Wright. “The value in these retrieved implants is that they are our first line of evidence on how the actual implant performs. For example, why did the implant fail or why did the patient need a hip revision? Was it an infection or injury and not the fault of the implant at all?”

In a concurrent effort to track patient progress, this past year, Hospital for Special Surgery was awarded a five-year, multimillion-dollar grant from the Agency for Healthcare Research and Quality to establish a Center for Education and Research on Therapeutics (CERT), focusing on therapeutic medical devices. The Hospital is partnering with Weill Cornell Medical College to study factors affecting outcomes in patients who have their hip, knee, or



Mark P. Figgie, MD, and Timothy Wright, PhD, collaborate on hip implant design.

shoulder replaced at Special Surgery. The CERT grant further supports research to evaluate the uses and success of prosthetic implants. In addition, a comprehensive prospective Total Joint Replacement Registry has been developed to collect data to address questions regarding patient outcomes and the economic impact of total joint surgeries.

“Anyone who is undergoing a hip, knee, or shoulder replacement is asked to participate in the registry,” says Michael M. Alexiades, MD, who, along with Thomas P. Sculco, MD, Robert G. Marx, MD, and Lisa A. Mandl, MD, directs the CERT program for Special Surgery.

“The registry includes clinical parameters, such as type of arthritis, specific joint involved, and pain, stiffness, and functional levels of patients,” reports Dr. Alexiades. “Having all these data amassed in one place allows us to conduct prospective outcomes-based studies in terms of how patients are really doing after a hip or knee replacement. What percent improve? Are they functionally better, and how much better?” Patients will continue to be registered throughout the five-year grant, with an expected enrollment of 15,000 patients.



Alejandro Gonzalez Della Valle, MD, with Luis E. Moya, MD, who is a visiting research fellow from Chile.



Robert L. Buly, MD, demonstrates computer-based navigation techniques that will facilitate surgery for hip disorders.

Preserving Hips: A Look at the Future

Clinicians and scientists at Special Surgery continue to examine hip disease on many levels in order to improve upon techniques and therapies. “Each of our basic science research programs have investigators who are working on the problems of hip degeneration,” says Steven R. Goldring, MD, Chief Scientific Officer. Among the Hospital’s top research priorities is osteoarthritis – the principal cause of physical disability and functional impairment in adults and, by far, the most common condition leading to the need for joint replacement.

“A number of our laboratories are trying to understand how abnormal mechanical loads are either damaging the cartilage or adversely affecting the function of the cells in the cartilage to interfere with their normal activity, ultimately using the information to try to identify therapeutic approaches for intervention,” says Dr. Goldring. “We also have groups working on tissue engineering trying to develop improved approaches for generating either artificial cartilage or promoting cartilage repair when it has been injured.”

Progress Through Professional Exchange

“Any hip condition can be approached and treated in different ways. By interacting with colleagues that practice at other institutions, we can expand our approaches and treatments for a particular hip problem. We learn from them as much as they learn from us,” says Alejandro Gonzalez Della Valle, MD. “It is paramount that we have national and international education and professional exchange. This, among several other factors, creates in Hospital for Special Surgery an environment conducive to the improvement of patient care.”

In 2005, Dr. Sculco created the International Specialty Orthopaedic Collaboratorium (ISOC) to further develop global relationships, foster collaboration of research studies, and promote training. The organization held its inaugural meeting this year with nine institutions from eight countries “By bringing together thought leaders in the orthopedic community from all over the world,” says Dr. Sculco, “the ISOC will provide an opportunity to impart knowledge on patient care, education, and research-based programs to enhance orthopedic care on a global scale.” ■



On the Go

Thanks to a pair of new, specially designed hips, Laura Galbo has resumed an active lifestyle. She continues to travel and pursue obedience and agility training with her Shelties. Ms. Galbo was very involved in the development of her hip implants, and even met with Joseph Lipman, her “personal” design engineer.

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At the Helm of the Hip Service



Philip D. Wilson, MD, Douglas E. Padgett, MD, Paul M. Pellicci, MD, and Eduardo A. Salvati, MD.

In 1967, the first total hip replacement at Hospital for Special Surgery was performed by Philip D. Wilson, Jr., MD. "We became interested in the early 1960s in total hip replacement following reports of the pioneering work of Sir John Charnley," recalls Dr. Wilson. In 1969, Dr. Wilson established the Hospital's unique Bioengineering Department, which became the first in the country to have the capability for computer-assisted design and manufacture of custom implants.

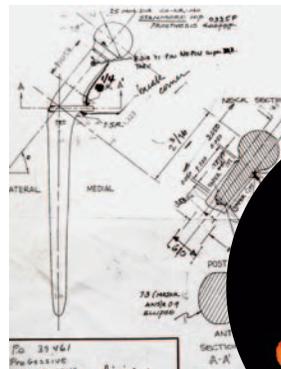
In 1969, Eduardo A. Salvati, MD, was a hip fellow under the direction of Dr. Wilson. Upon conclusion of his fellowship, Dr. Salvati had his suitcases packed to return home to Buenos Aires, Argentina when Dr. Wilson, who had just been named Surgeon-in-Chief, asked him to stay on as Chief of the Hip Service. That was 38 years ago, and Dr. Salvati has been making his mark in hip surgery ever since.

Dr. Salvati's contributions to reducing the risk of complications following hip

replacement surgery have earned him numerous awards, including the distinguished 2007 Nicholas Andry Award. He is also Past President of the American Hip Society. Most recently, friends and supporters of Special Surgery are contributing to establish the Eduardo A. Salvati, MD, Chair in Arthroplasty, which will help the Hospital to sustain excellence in joint replacement surgery.

In 1988, Dr. Salvati became Director of the Hip and Knee Service, and Paul M. Pellicci, MD, took over as Chief of the Hip Service. When Dr. Pellicci began practicing at Special Surgery in 1981, most of his patients were older and waited longer before deciding to have joint replacement surgery. "Now, baby boomers have retired, and they are staying active," says Dr. Pellicci. "If pain interferes with their plans, they come in sooner for the treatment they need to get back to that lifestyle." During his tenure, the Hip Service grew tremendously and Dr. Pellicci established the first fellowship (in hip) at the Hospital to be accredited by the Accreditation Council for Graduate Medical Education.

As Chief of the Hip Service today, Douglas E. Padgett, MD, continues to build on the accomplishments of Drs. Wilson, Salvati and Pellicci in advancing the growth and development of the Hip Service. ■



Then and Now: Whether they were creating hip prostheses on paper or deriving them through high tech computer imaging, the Hospital's orthopedic surgeons and bioengineers have long been at the forefront of implant design.

