

# Out of Joint



**Surgery gone wrong by BROBSON LUTZ, M.D.** Fracture a hip? Get a replacement and get on with your life. Most of the time this is exactly the way it goes down, but stuff happens, and surgical outcomes are sometimes less than optimal. Hip-replacement surgery has a good track record, but no surgical procedure is 100 percent risk free. Problems can occur at the time of surgery, shortly after or even years later. These complications include infections, dislocations, nerve and blood-vessel problems, new cracks in the bone, weakness, and joint stiffness or instability. Take John Benoit, age 69. He and his wife are active with children, grandchildren, 200 rosebushes and a vegetable garden in Lafayette. Benoit and a friend loaded his pickup truck with long links of PVC pipe from a Home Depot in Lafayette one November afternoon. He was on a “honey-do” mission. His wife had ordered a string of lights threaded through the pipes to mark a bridal path for an upcoming wedding. “I drove home and tried to unload the PVC by myself. I grabbed all 12 folded links from the bed of my truck. They unfolded and knocked me down. I couldn’t get up,” Benoit says. “My wife picked me up, threw me in the back of a van and took me to an emergency room in Lafayette.” Benoit had fractured his right hip just below the ball of the hip joint where it turns into the shaft of the femur, the longest single bone in the body. An orthopedic surgeon in Lafayette made an

incision in the painful hip, separated the overlying thigh muscles and exposed the broken bone. He eased the ball of the hip joint out of its natural socket in the pelvis and then sawed through Benoit’s femur below the break. The scrub nurse sent the fractured femoral head along with part of the femur, which had previously served Benoit well for more than 60 years, to the pathologist. The surgeon then inserted a new tapered metal stem into the shaft of the fracture-free portion of the lower femur. The top of this new stem was a shiny metal ball that matched a new plastic hip socket, which the surgeon then inserted. The year was 2000 and Benoit was up on the new right hip the next day. After five to six days, he went home with a list of exercises and seemed to do well for the next year or so. But it never felt right. He no longer had the sharp jabbing pain he initially experienced with the fall and fracture, but his hip was still sore. His original surgeon took X-rays about a year after his fracture and told him that the shaft portion of the femur implant had not bonded well to the inside of the femur. “He told me I had a ‘windshield-wiping’ hip. My surgery had been done [in] a new way without glue, and the stem portion of the prosthesis had not adhered properly to my natural bone.” After continued gradual deterioration, Benoit had a second surgery in Lafayette in April 2002. Again, he was up and beginning rehab the next day. But that afternoon, he blacked out, and tests showed that the anticoagulants needed to help prevent postoperative blood clots and pulmonary emboli had caused bleeding into the tissues around the corrective surgical site. Even so, he was home in five days. He saw the surgeon in Lafayette about a month later. There were more problems. His right leg was now significantly shorter than his good left leg. He still had right hip discomfort, and the shorter right leg was now causing that knee to hurt. A three-quarter-inch lift in his right shoe did not help the situation. Benoit was miserable. First of all, this Lafayette native had missed his son’s 2000 wedding when he initially fractured his hip. His quality of life was on a downhill slide. With the help of a walker, he attended an annual reunion of fellow Navy veterans who served on the USS Prichett during the Korean War. If he were going to attend another reunion, he would need a wheelchair. “A friend saw me at Mardi Gras and became concerned. She told me I needed to go see this doctor in New Orleans who had put one of her friends in Lafayette back together again after her hometown doctors had more or less given up. That’s how I found Dr. Millet.” Dr. Chad W. Millet (see related story, page 66) is a Louisiana native who completed medical school and orthopedic training at Louisiana State University School of Medicine. He then went on to a fellowship in joint replacements at Johns Hopkins hospital in Baltimore before returning to New Orleans to practice. Millet’s forte is initial knee and hip replacements using small incisions to decrease downtime. He recently returned from a trip back to his Johns Hopkins training grounds, where he taught the techniques he uses to other joint-replacement surgeons. His students had a large number of non-complaining patients on whom to practice: The courses, one for knees and one for hips, took place in a human cadaver lab. Many orthopedic surgeons across the South refer problem patients like Benoit to Millet. No joint replacement can be expected to last forever. Today’s implants are better than ever, but it is not uncommon for a person to need some sort of surgical revision after 10 or 15 years. Millet has probably re-operated on more persons for repeat joint replacements than any doctor in Louisiana. About 30 percent of his patients come from outside the New Orleans metropolitan area. A loose implant causes pain and limits mobility. Sometimes these implants are loose from the beginning, such as with Benoit. More often, though, loosening occurs years to decades later, and the resultant spaces attract bacteria like a magnet picks up metal filings. “Dr. Millet looked at my X-rays from Lafayette and told my wife and me that I needed another surgery. He said there was a good chance that I could be fixed with ‘no pain and no cane,’” recalls Benoit. “Mr. Benoit had a loose femoral component, but his socket was OK. There was no bony in-growth to secure a firm fit for the stem of the prosthesis,” says Millet, who first saw Benoit 10 months after his second surgery and scheduled him for hip-revision surgery at Memorial Medical Center. “I removed his old prosthesis and prepared his less-than-virgin femoral shaft using surgical tools called reamers and broaches. He needed a new prosthesis,” Millet says. In the operating room, Millet custom-fitted a new modular prosthesis to match Benoit’s bone and joint dimensions. This was Benoit’s best bet for a tight fit. Millet used an erector-like set of various stem, body and ball parts rather than picking a single-piece prosthesis off the shelf. He then implanted this new custom-fitted modular prosthesis. “The third surgery was a success. I had no hip pain. After two months of therapy, my knee pain was gone, too, as Dr. Millet had stretched out my leg somehow. I didn’t need a lift in my shoe any longer,” beamed Benoit recently on a return trip to New Orleans. Benoit and his wife traveled to Milwaukee last summer for the USS Prichett’s 2004 annual reunion. “I had a cane on standby, but I didn’t need it.” •