Need a new hip? Knee? Shoulder?

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St Barnabas Hospital in the Bronx. I'm Steven Clark.

Joint replacement involves the removal of damaged or diseased parts of the joint with new man-made parts. This is done to reduce pain and provide people with greater mobility and function. With us today is Dr. Mark Klion, an orthopedic surgeon with SBH Health System. Dr. Klion has been in practice for nearly 25 years. Fellowship trained in sports medicine he's also the medical director of the New York City Triathlon.
Welcome Dr. Klion.

Thank you.

I know you're not only the medical director but also a competitor. How many Ironman triathlons have you competed in?

I've done 11 Ironman triathlons.

For those of you who are not familiar with Ironman triathlons that's a two point four mile open water swim and unlike swimming in a pool there's no line at the bottom there's no

ropes and there's no wall to hang on to; a 112 mile bike ride which is like riding from here to Philadelphia and then after you are saddle sore and stiff legged a 26 mile run which for someone who runs around the high school track is about a hundred and five times plus hills. So what's your average training regimen prior to an Ironman Triathlon?

It certainly entails a great commitment of both myself and of my family and friends and work professionals, but I would say on average it's about 20 to 25 hours at peak times in terms of training hours per week. It ends up being a second job essentially.

So in light of that and the fact you're also an orthopedic surgeon what do you say to patients who do all that pounding and all that repetitive muscle work?

I think the good news is that when you look at some of the studies that are out there about endurance running is that there's really no evidence that that leads to any degenerative changes in our joints. So I think as long as you protect yourself and certainly now at the age of 57 I'm certainly feeling different than I was 10 years ago. I've modified my training and I understand that when something hurts that I change it up a little bit. You do have to make some modifications as we get older

but certainly you know the age group now of over 50 is really a very competitive age group. People stay in it much longer. I think we understand our bodies much better. I think we have access to medical care that helps us keep going but you definitely have to change up certain things that you do.

Do you buy into the into the theory that we only have so many miles in us?

I do certainly run every run as if it's my last, but I do realize that you know similar to you know some of the metabolic changes that we have in our bodies, certainly from bone density and we talk about osteoporosis, lean body muscle mass also decreases as we age and I think the one thing that a lot of people forget is that you really do need to strengthen the body to keep it healthy. So a lot of my regiment now has gone from doing these repetitive endurance type activities of running long distance, biking long distance, has certainly been replaced with strength training. I think there is a natural process that you get slower but certainly I've been healthy you know, knock on wood, over the last few years where I think the strength training has really made a very big difference in how I train and how I actually perform and how I actually feel on any given day basis.

Now I know you obviously see people for joint replacement who

have had traumatic injuries whether it's ski accidents or car accidents or what-have-you but I would guess many of them are due to arthritis and they just need new joints, right?

I think there are certainly many ideologies to arthritis. certainly you know you can have what's called idiopathic, which you know God knows what really causes it. It could be genetic environment, stress-related, a variety of things. Then there is traumatic arthritis so the unfortunate thing about our joints is they are Teflon coated surfaces, on which is articular cartilage and fortunately Mother Nature only gave us that one time and when you disrupt that or injure that it's a natural process for that to continue to deteriorate over time. So if you're a young person who has had an ACL, a ligament injury inside of the knee who's had a fracture about the knee, you know that's a little chink in the armor that's gonna kind of set you down a path that maybe you know your other knee is not gonna have an issue with but ultimately that knee will potentially develop some arthritis down the road and that's just again a deterioration of that beautiful Teflon coated surface inside of our joint.

When it comes to joint replacement, when it comes to knee or hips or shoulders, your typical patient is how old?

Again, it depends on the geography of the area but certainly you

know starting at 50 going through the 60s. You know it's more routine in the 70-year-old population, but certainly we're seeing a lot of young individuals that require joint replacements.

Is there an age limit?

You know again I don't think we put a number on that at this point in time. I think you have to look at the patient in its entirety and there's certainly some 80-year-olds that are incredibly more active than they were you know for some 50 year old. So yeah, there's overlying medical conditions that could certainly preclude someone from having a joint replacement but I again I think that's a relative number.

Well just to put a number on it, how old is the oldest person that you've done joint replacement on?

I think later 80s. That' someone who's really disabled and who's able to you know perform all the physical therapy afterwards, all that's required for rehabilitation. You really need the right patient that's motivated to do it and that really is an ideal candidate.

When someone comes to you with hip or knee or shoulder pain what's the first thing that you do?

I mean obviously we take a history, we try to evaluate what true disabilities that person has, whether you know it's that they can't sleep well, they can't walk stairs. We try to get a picture of who they are and what they really need and then obviously we have a lot of tools from medical management, you know, conservative management with physical therapy. There are injections, there's ambulatory assistive devices although giving someone a cane, but no one in their right mind wants to take a cane you know. It’s the visible evidence of getting old. But from a conservative standpoint and usually I'll tell people you know once we've done a radiographic evaluation, we've taken some x-rays, maybe an MRI scan or a cat scan, but usually x-rays are pretty good in terms of telling us what's going on inside of the joint. We don't treat an x-ray, we treat the patient so there are some people out there who have what you might call bone on bone where there's no cartilage left and I've seen them actually walk a marathon and then there's some people who have very little changes and can barely walk, so you never really treat the x-ray. You obviously have to treat the patient.

You've been in practice for 25 years now. Do you think people are less reluctant to end up with joint replacement surgery than they were 25 years ago?

I think there's always a scariness about the unknown and I think

that's where the patient-physician relationship really comes in handy and that this is a process, this is an education. This is not where I look at your x-ray I talk to you and “Oh you need a joint replacement,” this is a discussion that has to take place with the family, with a physician. Everybody has to be comfortable. It's really a game plan and everybody needs to be on the same page with respect to what they're going to get themselves into and how they're going to get themselves out. So I think if it's the right situation and it's and the patient's educated I think they are more than willing to go through with it.

Now you see people in Westchester, in Manhattan as well as the Bronx and in the Bronx you may see patients who are in Medicaid or Medicare and obviously in Manhattan, in Westchester these may be very well-educated patients. Is there a difference in how they feel about this kind of surgery?

I think ultimately it's whether they're knowledgeable about something, but again I think that's where you know our ability here at St. Barnabas is to educate a patient, to get their fears down about what it is. But again, you know, if you have access to the Internet it's very easy for us to say go look at the internet, go look at a bunch of YouTube video. There's a variety of resources when you maybe you deal with this Bronx population that might not have that similar access I think it becomes a little

bit more frightening for them so again our process here is to essentially take that patient by their hand and walk them through the procedure so that they are ultimately comfortable with the situation with the doctors, with the ancillary care, so that they know exactly what they're getting themselves into.

Now the technology is also better today. I mean the materials you use also are there to last longer than they were 10, 15, 20 years ago, right?

Yeah. I certainly think so there's been lots of basic science research on the metals that we've been using, how we've changed that to certain alloys to kind of reproduce some of the biomechanics that our normal structures are part of and the plastic material that usually acts as the cushion in between there's been a lot of work on it so the longevity is much better.

I know years ago if you were 50 and you had a hip replacement chances are at 65 or so you'd need another one. Is that still the case?

We don't really give a time frame per se because every patient is different, but if you're 50 we usually say that there's a very good possibility you're going to need another one at some point in time.

My wife's a physical therapist and she works with a lot of patients who have had hip and knee replacement and a lot of doctors want their patients up and out of bed right after the surgery. How do you feel about the whole rehabilitation process?

Yeah, I certainly think in my training over the last 25 to 30 years we've seen a very big difference. You know when I was a resident, patients got admitted a few days before their operation and they stayed a week to two weeks after their operation and then they went to physical therapy. Now basically at some institutions we’re actually and even we're starting here at St. Barnabas essentially ambulatory total joint replacements where we're getting them out basically a hospital is not a great place to recover. You know your home, your home environment given the right ancillary care you know people coming in, physical therapist coming in visiting nurse coming in, it's really the great place to recover and to have your family around you so the sooner you're up and about it avoids a lot of potential complications that might incur at an institution.

How far can people come back after joint replacement? Can they come back to where they were before?

Again, I think you have to put everything into context. You know

for people who are disabled with their joint, simply walking down the street and being able to go up and down stairs might be a hundred percent success. If you ask me you know a professional football player who needs a total joint replacement and wants to go back and play football, I don't think that that's rational. But again it all comes down to where I say to patients you know I look at your x-ray it certainly looks arthritic. You have to make the decision whether you want this or not. It's not me saying you need it, it's you saying I cannot live my life anymore. My quality of life has just deteriorated to such a point I can get clinically depressed, I can't function well that's really when it's the right indication todo it and those are the successful patients because they do get better.

I have a friend who was a very active runner, was very active in sports used to play football in college, and when he turned 70 he had a hip replacement and his goal was to get back to jogging which he did six months later. I guess so that's very very likely to happen.

Yeah, it's very encouraging that we can do that. There are risks though involved with sending someone back to a higher impact activity after a joint replacement, but look you have essentially one life to live and you might as well make good for it so if you're able to get back and you understand some of the risks involved

then there's no reason that you shouldn't.

I know one of the risks of joint replacement is infection. How serious a risk is that?

I mean it's certainy there, we certainly know, it's documented. We take every single precaution against it. Excellent preoperative, evaluate the patient, kind of managing medical conditions being incredibly sterile and meticulous during the operating room and postoperatively. It can be catastrophic, but it's certainly something that we know and we take every precaution against it.

You're involved in all joint replacement, right? Knee, hip shoulder? Correct. Is there a more difficult recovery in any of these three?

I think knee replacements probably are one of the more difficult surgeries to come back. I think your hip is probably the easiest. Shoulders are a little bit more complex, but a knee from a pain perspective it seemingly is a much more painful operation.

OK, we're starting to run out of time here. Is there a number people could call for an appointment or for more information?

So at St. Barnabas, our number that is accessible for our clinic is 718-960-9122.

Great thank you Dr. Klion.

Thanks for having me.

Thank you for joining us on SPH Bronx Health talk today again for more information on joint replacement or other services available at SBH Health System visit us at www.sbhny.org and thank you again for joining us. Take care